Exhibit 2

	Page 1
1	UNITED STATES DISTRICT COURT
	DISTRICT OF NEW JERSEY
2	x
	IN RE: VALSARTAN, LOSARTAN, AND : MDL NO. 2875
3	IRBESARTAN PRODUCTS LIABILITY :
	LITIGATION, :
4	:
	THIS DOCUMENT RELATES TO :
5	ALL ACTIONS :
	x
6	
7	
8	***RESTRICTED CONFIDENTIAL***
9	
10	Veritext Virtual Zoom Videotaped
11	deposition of RENA M. CONTI, Ph.D., taken on
12	Thursday, February 10, 2022, in Glenside,
13	Pennsylvania, commencing at 10:17 a.m. Eastern
14	Standard Time, before Jamie I. Moskowitz, a
15	Certified Court Reporter and Certified Livenote
16	Reporter.
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2 (Pages 2 - 5)

1 APPEARANCES:	Page 6 Page 1 EXHIBITS
PIETRAGALLO GORDON ALFANO BOSICK & RASPANTI, LLP 3 BY: FRANK H. STOY, ESQUIRE	2 EXHIBIT NUMBER DESCRIPTION PAGE
fhs@pietragallo.com 4 38th Floor - One Oxford Centre	Conti 1 Retention Agreement 43
Pittsburgh, Pennsylvania 15219 5 412.263.4397	Conti 2 Defendant's Notice to 52
Counsel for the Defendants Mylan Laboratories 6 Limited and Mylan Pharmaceuticals Inc. 7	5 Videotaped Deposition of Dr. Conti
WALSH PIZZI O'REILLY FALANGA LLP	6
8 BY: CHRISTINE I. GANNON, ESQUIRE cgannon@walshlaw.com	Conti 3 Plaintiffs' Objections and 56 7 Responses to Defendants'
9 Three Gateway Center 100 Mulberry Street - 15th Floor	Notice of Videotaped
10 Newark, New Jersey 07102 973. 757.1100	8 Deposition of Rena Conti, Ph.D.
11 Counsel for the Defendant Teva Pharmaceuticals 12	9
HINSHAW & CULBERTSON LLP 13 BY: GEOFFREY M. COAN, ESQUIRE	Conti 4 Greylock McKinnon Invoices 58
gcoan@hinshawlaw.com	Conti 5 Declaration 74
14 53 State Street - 27th Floor Boston, Massachusetts 02109	Conti 6 FDA Updates and Press 167
15 617.213.7045 Counsel for the Defendant Sciegen Pharmaceuticals	12 Announcements on
16 17 DORSEY & WHITNEY LLP	Angiotensin II Receptor 13 Blocker (ARB) Recalls
BY: SHEVON D. ROCKETT, ESQUIRE 18 rockett.shevon@dorsey.com	(Valsartan, Losartan, and
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20 Counsel for the Defendant OptumRx 21	17 18
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kbi@falkenbergives.com 23 BY: MEGAN A. ZMICK, ESQUIRE	20 21
maz@falkenbergives.com 24 230 West Monroe - Suite 2220	22
Chicago, Illinois 60606 25 312.566.4803	23 24
Counsel for the Defendant Humana Pharmacy, Inc.	25
Pa	Page 7 Page
1 APPEARANCES:	1 REQUEST PAGE
2 ULMER & BERNE LLP	2
3 BY: JEFFREY D. GEOPPINGER, ESQUIRE	3 INSTRUCTIONS NOT TO ANSWER:
jgeoppinger@ulmer.com	4 Page Line
4 312 Walnut Street - Suite 1400	5 None
Cincinnati, Ohio 45202-4029	6 REQUEST FOR PRODUCTION OF DOCUMENTS:
5 513.698.5000 Counsel for the Defendant AmerisourceBergen	7 Page Line Description
6	8 None
7 ALSO PRESENT:	9 STIPULATIONS:
8 JUSTIN BILY	10 Page Line
Legal Videographer 9	11 None
/	12 QUESTIONS MARKED:
10	
10 11	13 Page Line
11 12	14
11 12 13	14 15
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11 12 13	14 15 16 17
11 12 13 14 15 16	14 15 16 17 18
11 12 13 14 15 16 17	14 15 16 17 18 19
11 12 13 14 15 16 17 18	14 15 16 17 18 19 20
11 12 13 14 15 16 17 18 19 20	14 15 16 17 18 19 20 21
11 12 13 14 15 16 17 18 19 20 21	14 15 16 17 18 19 20 21 22
11 12 13 14 15 16 17 18 19 20 21 22 23	14 15 16 17 18 19 20 21 22 23
11 12 13 14 15 16 17 18 19 20 21 22	14 15 16 17 18 19 20 21 22

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RESTRICTED CONFIDENTIAL Page 10 Page 12 TABLE OF CONTENTS 1 to this arrangement and waive any objections to 2 RENA M. CONTI. Ph.D. 2 this manner of reporting. If there are any 3 3 objections, please state them at this time. Examination 4 * * * 4 5 THE COURT REPORTER: Hearing no By Mr. Goldberg.....Page 12 6 objections, I will swear in the witness. * * * 7 Index of Exhibits.....Page 8 8 RENA CONTI, after having been first 6 7 Reporter Certificate.....Page 242 9 duly sworn, was examined and testified as 8 Read and Sign.....Page 243 10 follows: 11 10 12 THE COURT REPORTER: Okay, Counsel, 11 13 please proceed. 12 14 MR. GOLDBERG: Thank you. 13 15 **EXAMINATION BY MR. GOLDBERG:** 14 16 Good morning, Dr. Conti. My name is 15 16 17 Seth Goldberg. I'm with the law firm Duane Morris, 17 and we represent the ZHP parties in this action. 18 I'm going to be asking you questions during the 19 deposition today on behalf of all of the defendants 20 21 in the case, as well. 21 22 Can you state your name for the 22 23 record, and your current address? 23 24 Sure, Rena Conti, 2 Overlea Way, 24 25 25 Glenside, PA 19038. Page 11 Page 13 Q Okay. You've been deposed before, 1 1 THE VIDEOGRAPHER: We are going on the Dr. Conti? record at 10:17 on February 10th, 2022. This 2 2 3 is Media Unit Number 1 of the video recorded 3 Α I have. 4 O You understand, throughout the day, 4 deposition of Rena Conti regarding the 5 I'm going to ask you questions. You're going to valsartan litigation. provide answers. And if -- during the day, if we 6 My name's Justin Bilely from the firm 7 7 can try not to talk over one another, that would be Veritext, and I'm the videographer. The court 8 helpful. 8 reporter is Jamie Moskowitz from the firm 9 9 Veritext. Your counsel or plaintiff's counsel 10 10 may assert objections from time to time. Unless All counsel will be noted on the they instruct you not to answer, you're to answer 11 stenographic record. Will the court reporter 12 please swear in the witness, and then we can 12 the question, okay, not withstanding the objection. If you don't understand --13 13 begin. 14 14 * * * Α I understand. 15 Q If you don't understand a question 15 PROCEEDINGS 16 I've asked, please ask me to clarify it or rephrase 16 THE COURT REPORTER: The attorneys it. If you answer it, we'll assume that you 17 participating in this deposition acknowledge 18 18 understood it. Okay? that I am not physically present in the

A I took a couple of Tylenol, but I
4 (Pages 10 - 13)

morning that may impair your testimony today?

Have you taken any medications this

If you need to take a break at any

I understand. Thank you.

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time, no problem. Just ask.

Okay.

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deposition room and that I will be reporting

They further acknowledge that, in lieu

The parties and their counsel consent

of an oath administered in person, the witness

will verbally declare his testimony in this

matter is under penalty of perjury.

this deposition remotely.

1	Page 14		Page 16
	don't think that's going to	1	
2	Q Hopefully okay.	2	that the committee developed that is actually the
3	Why don't we talk a little bit about	3	one of the textbooks that we use in my class.
4	your professional background?	4	Q You said something about industry
5	Can you explain what your current	5	standard. I was trying to ask, industry standard
6	position is at Boston University?	6	for what? What you said something was the
7	A Sure.	7	industry standard.
8	I am associate professor in the	8	A Oh, the materials that that I've
9	Department of Markets, Public Policy and Law at the		developed for my course and developed in in other
10	business school at Boston University. It's called	10	contexts during my research, are very widely used to
11	Questrom School of Business. In addition, I am	11	teach about the industry, about the pharmaceutical
12		12	industry.
13	called Technology & Policy research Institute, which		Q In terms of your expert consulting,
	is an institute across the business school and the	14	you have an associate position at Greylock McKinnon?
1	law school that focuses on issues related to	15	COURT REPORTER: Where?
1	technological innovation, its and its regulation.	16	MR. GOLDBERG: Greylock McKinnon; is
17	Q Are you are you currently teaching	17	that correct?
18	any courses?	18	THE WITNESS: I'm sorry, is that a
19	A Sadly, yes, I am. I am	19	question?
20	Q What courses?	20	BY MR. GOLDBERG:
21	A I am teaching Strategy in the	21	Q Yes.
22	Biopharmaceutical Industry	22	A Okay. Right. So I have worked with
23	COURT REPORTER: I'm sorry. You're	23	Greylock McKinnon and Associates on on health
24	teaching	24	litigation matters, again, largely in the
25	THE WITNESS: I teach Strategy in the	25	pharmaceutical industry products, I guess, in the
	Page 15		Page 17
1	Biopharmaceutical Industry. That is the class	1	pharmaceutical industry, again, for the better part
2	Biopharmaceutical Industry. That is the class that I have taught for the better part of	1 2	pharmaceutical industry, again, for the better part of 20 years.
2 3	Biopharmaceutical Industry. That is the class that I have taught for the better part of 20 years.	1 2 3	pharmaceutical industry, again, for the better part of 20 years. Q And what do you do at
2 3 4	Biopharmaceutical Industry. That is the class that I have taught for the better part of 20 years. BY MR. GOLDBERG:	3 4	pharmaceutical industry, again, for the better part of 20 years. Q And what do you do at Greylock McKinnon?
2 3 4 5	Biopharmaceutical Industry. That is the class that I have taught for the better part of 20 years. BY MR. GOLDBERG: Q What is that course about? Just give	3 4 5	pharmaceutical industry, again, for the better part of 20 years. Q And what do you do at Greylock McKinnon? A I provide expert services for in
2 3 4 5 6	Biopharmaceutical Industry. That is the class that I have taught for the better part of 20 years. BY MR. GOLDBERG: Q What is that course about? Just give me a give me a thumbnail sketch of that course.	3 4 5 6	pharmaceutical industry, again, for the better part of 20 years. Q And what do you do at Greylock McKinnon? A I provide expert services for in support of litigation.
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2 3 4 5 6 7 8	Biopharmaceutical Industry. That is the class that I have taught for the better part of 20 years. BY MR. GOLDBERG: Q What is that course about? Just give me a give me a thumbnail sketch of that course. A Sure. It's about the financing, organization	3 4 5 6 7 8	pharmaceutical industry, again, for the better part of 20 years. Q And what do you do at Greylock McKinnon? A I provide expert services for in support of litigation. Q Do you do any consulting with Greylock McKinnon that is not litigation related?
2 3 4 5 6 7 8 9	Biopharmaceutical Industry. That is the class that I have taught for the better part of 20 years. BY MR. GOLDBERG: Q What is that course about? Just give me a give me a thumbnail sketch of that course. A Sure. It's about the financing, organization and regulation of the pharmaceutical industry, and	3 4 5 6 7 8 9	pharmaceutical industry, again, for the better part of 20 years. Q And what do you do at Greylock McKinnon? A I provide expert services for in support of litigation. Q Do you do any consulting with Greylock McKinnon that is not litigation related? A No.
2 3 4 5 6 7 8 9 10	Biopharmaceutical Industry. That is the class that I have taught for the better part of 20 years. BY MR. GOLDBERG: Q What is that course about? Just give me a give me a thumbnail sketch of that course. A Sure. It's about the financing, organization and regulation of the pharmaceutical industry, and how firms in this industry, most notably the the	3 4 5 6 7 8 9	pharmaceutical industry, again, for the better part of 20 years. Q And what do you do at Greylock McKinnon? A I provide expert services for in support of litigation. Q Do you do any consulting with Greylock McKinnon that is not litigation related? A No. Q Are there particular kinds of
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5 (Pages 14 - 17)

	Page 18		Page 20
1	expert in all three of those cases?	1	Are you do you have an independent expert
2	A Yes.	2	consulting firm that you're just doing
3	Q Okay. And are those three cases	3	independently?
4	products liability cases? Are they antitrust cases?	4	A I am working on a number of matters
5	What's the subject matter of those cases?	5	that Greylock McKinnon has conflicts with, and
6	A One of them is a liability case,	6	I'm they are largely either business disputes
7	and well, actually yeah. One of them is a	7	between pharmaceutical firms
8	liability case, and two others are antitrust cases.	8	COURT REPORTER: Between what?
9	Q Generally, can you can you describe	9	THE WITNESS: Between pharmaceutical
10	the mix on a percentage basis, between antitrust,	10	firms.
11	patent, products liability, that you that you	11	COURT REPORTER: Uh-huh.
12	generally have?	12	THE WITNESS: Or matters related to
13	A So do you mean in relation to the work	13	government work that where I am serving as
14	that I do at with Greylock McKinnon	14	an expert and there are government agencies
15	Q Yes.	15	involved.
16	A or other okay.	16	BY MR. GOLDBERG:
17	Q Well, are you doing expert work	17	Q Can you describe what that can you
18	outside of Greylock McKinnon?	18	give us a little bit more detail about what those
19	A Yes, I am.	19	kinds of matters are?
20	Q Okay. Is that I guess we'll	20	MR. HONIK: Dr. Conti Dr. Conti,
21	we'll get to your CV, and maybe you can show me on	21	let me instruct you that while Mr. Goldberg's
22	your CV where that is.	22	questions are fine, not to reveal any matters,
23	But why don't we take it first with	23	particularly in the litigation sphere, in which
24	Greylock McKinnon, where your what the case mix	24	there may not have been a normal date to
	is from antitrust, patents and other subject	25	disclose your involvement. And so be very
-			
1	Page 19 matters?	1	Page 21 circumspect about that. Thank you.
2	A I don't quite understand what you mean	2	THE WITNESS: Thank you.
3	by "patent."	3	On the government investigations
4	Q Patent, patent, patent or intellectual		_
5	Q Tutcht, putcht of intercetual	4	and I am serving as an expert and have
	property. Are you doing any expert work in	4 5	and I am serving as an expert and have served as an expert in the past. And I can't
l .	property. Are you doing any expert work in intellectual property matters?	5	served as an expert in the past. And I can't
6	intellectual property matters?	5 6	served as an expert in the past. And I can't provide any details.
6 7	intellectual property matters? A Not so patents are obviously an	5 6 7	served as an expert in the past. And I can't provide any details. BY MR. GOLDBERG:
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	Page 22		Page 24
1	organization and regulation.	1	and others.
2	I have been a special consultant to	2	Q Okay. Got it.
3	the Office of Generic Drugs for years, and have been	3	Back to the expert stuff, in terms of
4	involved in the regulation of pharmaceuticals by the	4	working as an expert on behalf of plaintiffs, on
5	Food and Drug Administration for a long time.	5	behalf of defendants, do you do you do more of
6	And so a lot of the a lot of the	6	one or the other?
7	work that I work on for government agencies is	7	A So I have worked on the defendant
8	related to the regulation of these products.	8	side, largely in business disputes between different
9	Q Is there a particular aspect of the	9	firms. In those cases, matters largely related to
10	regulation of these products that you focus on? And	10	production of products and the regulation of those
11	when you're let me qualify that. Regulation of	11 12	products have been domain.
12	pharmaceutical products that you focus on?		And then I would say I mean,
	A So I would say I have two broad expertise. The first is on pricing of these	13	obviously, in the government work I've done, it's largely been on the side of the government and
14 15	products; how it is priced by the pharmaceutical	15	taxpayers, consumers, that are insured by the
16	industry themselves, what are the factors that lead	16	government.
17	to prices being high, changing over time, increasing	17	And then and then I have done
18	or decreasing with competition, both in the branded	18	plaintiff's work on largely on antitrust matters.
19	and specialty or branded and generic market.	19	Q And in products work, are you on
20	And then the second broad category of	20	plaintiff's side more than defendant's side?
21	expertise is on competition, and specifically what	21	A I'm sorry. I didn't hear the first
22	are the factors that drive pharmaceutical companies	22	part.
23	to enter specific types of markets, particularly	23	Q In products in products liability
24	generic markets; what are the conditions upon which	24	matters, or consumer class action matters, are you
25	they can enter those markets; how does competition	25	on plaintiff's side more than defendant's side?
			_
1	Page 23 evolve over time; and to what extent do regulatory	1	Page 25 A I've largely worked on the plaintiff's
2	agencies support entry and sustained competition	2	side on those matters.
3	over time.	3	Q Have you represented any defendants
4	Q I just want to come back I'd just	4	in as an as an expert, in a products liability
5	like to clarify one thing.	5	action or consumer class action?
6	Going back to when you were talking	6	A What do you mean by "consumer class
7	about your coursework, and you the the	7	action?" I'm sorry.
8	materials that you said, you know, are used and have	8	Q Like like the claims that we're
9	become an industry standard, when you when you're	9	here for today, the economic loss claim. Consumers
10		10	-
	talking about the industry standard, you're saying		are claiming they should get a refund for a product.
11	talking about the industry standard, you're saying the industry standard for teaching this stuff at	11	A Right. So I'm only I think I have
11 12			
	the industry standard for teaching this stuff at	11	A Right. So I'm only I think I have
12	the industry standard for teaching this stuff at universities. Is that is that what you mean?	11 12	A Right. So I'm only I think I have three cases right now, one settled, on products
12 13	the industry standard for teaching this stuff at universities. Is that is that what you mean? A Well, right. So many of my articles	11 12 13	A Right. So I'm only I think I have three cases right now, one settled, on products liability. Each one of those cases, I was working
12 13 14	the industry standard for teaching this stuff at universities. Is that is that what you mean? A Well, right. So many of my articles that I've published on the pricing of these products	11 12 13 14	A Right. So I'm only I think I have three cases right now, one settled, on products liability. Each one of those cases, I was working on the plaintiff's side. Q So in your your expert consulting experience, you've done three products liability
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	Page 26		Page 28
1	Q And in that one, can you tell us	1	
2	whether it's on behalf of plaintiffs or defendants?	2	counsel?
3	A It was for the government.	3	A I think it was the month, or maybe the
4	Q Okay. In 2021, since we just finished	4	month previous, to when the pandemic started.
5	the year, how much of your income was generated from	5	Q February of '20?
6	your work as an expert witness versus your income as	6	A February or March. I remember it was
7	a professor?	7	a very gray, cold day in Boston.
8	A Somewhere maybe around a quarter.	8	Q Do you recall who the lawyers were for
9	Q Can you quantify that in dollars, what	9	the plaintiffs that you met with for the first time
10	that expert work looks like on an annual basis?	10	when you met had that first meeting in this
11	A Do you mean in 2021?	11	matter?
12	Q Yes, sure.	12	A I think Ruben Honik and
13	A Okay. So pandemic year, I think I	13	Conlee Whiteley and Layne Hilton were on that first
14	made approximately \$100,000, maybe \$80,000,	14	call.
15	somewhere around there, in 2021. Much of that was	15	Q Have you
16	for cases that I worked on in previous years, not	16	A Maybe misremembering
17	in in 2021.	17	THE COURT REPORTER: I'm sorry,
18	Q Has the pandemic caused you to have	18	Ms. who?
19	fewer cases or work?	19	THE WITNESS: Misremembering.
20	A Sadly, it's the reverse. All I do is	20	THE COURT REPORTER: Misremembering?
21	sit in my house and work. I know you all probably	21	THE WITNESS: Misremembering. Sorry.
22	feel the same way.	22	My English.
23	Q We all share that we all share that	23	MR. HONIK: It's a thing, not a
24	experience that we're working way more due to the	24	person.
25	pandemic, especially in litigation.	25	THE WITNESS: Exactly.
	Page 27		Page 29
1	A I'm hoping to not be like that in	1	BY MR. GOLDBERG:
2	2022.	2	Q Well, whoever those plaintiffs'
1 2			
3	Q Yeah. In terms of the the business	3	
4	disputes where you've been an expert, have you	4	first meeting?
١.	disputes where you've been an expert, have you represented pharmaceutical companies in those	5	A No.
4 5 6	disputes where you've been an expert, have you represented pharmaceutical companies in those business disputes?	4 5 6	first meeting? A No. Q Had you worked with any of the
4 5 6 7	disputes where you've been an expert, have you represented pharmaceutical companies in those business disputes? A Yes. Again, every single day, all I	4 5 6 7	first meeting? A No. Q Had you worked with any of the plaintiffs' counsel that are on on the
4 5 6 7 8	disputes where you've been an expert, have you represented pharmaceutical companies in those business disputes? A Yes. Again, every single day, all I do is think about this industry. So in those	4 5 6 7 8	first meeting? A No. Q Had you worked with any of the plaintiffs' counsel that are on on the plaintiffs' executive committee in this case prior
4 5 6 7 8 9	disputes where you've been an expert, have you represented pharmaceutical companies in those business disputes? A Yes. Again, every single day, all I do is think about this industry. So in those matters, they've been pharmaceutical companies.	4 5 6 7 8 9	first meeting? A No. Q Had you worked with any of the plaintiffs' counsel that are on on the plaintiffs' executive committee in this case prior to starting work on this matter?
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4 5 6 7 8 9 10	disputes where you've been an expert, have you represented pharmaceutical companies in those business disputes? A Yes. Again, every single day, all I do is think about this industry. So in those matters, they've been pharmaceutical companies. Q Are there are they generic companies or branded companies?	4 5 6 7 8 9 10 11	first meeting? A No. Q Had you worked with any of the plaintiffs' counsel that are on on the plaintiffs' executive committee in this case prior to starting work on this matter? A Not not that I can recall. Q Do you know if Greylock McKinnon had a
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	RESTRICTED CONFIDENTIAL				
	Page 30		Page 32		
1	what you mean by "currently pending".	1	answer and reveal the type of matter, litigated		
2	Q Okay. Are are you doing expert	2	matter.		
3	work in any other case where the lawyers who	3	BY MR. GOLDBERG:		
4	represent the plaintiffs in this case are involved?	4	Q In that matter, have you been asked to		
5	A Yes.	5	render an opinion that's similar to the opinion		
6	Q What case is that?	6	you've been provided in this case?		
7	MR. HONIK: Let me caution you,	7	MR. HONIK: Object to the form.		
8	Dr. Conti, that to the extent that there's no	8	THE WITNESS: Are you asking whether		
9	disclosure requirement in those matters, you	9	that matter is on the pharmaceutical industry		
10	should not reveal that today.	10	and its regulation and financing?		
11	THE WITNESS: Thank you. I cannot	11	BY MR. GOLDBERG:		
12	provide any details.	12	Q Sure. Let's start with that.		
13	BY MR. GOLDBERG:	13	A Yes. Everything		
14	Q Which lawyers in plaintiffs' committee	14	MR. HONIK: Excuse me.		
15	are involved in that case?	15	THE WITNESS: Go ahead.		
16	MR. HONIK: Let me instruct you not to	16	MR. HONIK: Without waiving the		
17	answer that for the same reason posited	17	objection, I'll permit you to answer that and		
18	previously. It's effectively the same question	18	only that question.		
19	and would reveal something excuse me and	19	THE WITNESS: Thank you.		
20	would reveal or disclose something that doesn't	20	Everything I work on in my teaching,		
21	require to be disclosed at present. Thank you.	21	in my research and in the expert work that I		
22	THE WITNESS: I'm sorry. I cannot	22	provide to the government and to other		
23	provide an answer.	23	entities, is related to the financing,		
24	MR. GOLDBERG: Counsel, you can mark	24	organization and regulation of the		
25	this portion of the transcript "highly	25	pharmaceutical industry.		
	Page 31		Page 33		
1	confidential" so that it doesn't have to be	1	THE COURT REPORTER: Of the		
2	disclosed outside of this matter, but I think	2	pharmacy of the pharmacy		
3	we're entitled to know if Dr. Conti is working	3	THE WITNESS: Of the pharmaceutical		
4	for the lawyers who represent the plaintiffs in	4	industry.		
5	this case in another matter.	5	THE COURT REPORTER: Thank you.		
6	MR. HONIK: She's already answered	6	THE WITNESS: Thank you.		
7	affirmatively to that question. But your	7	BY MR. GOLDBERG:		
8	pending question, to which I objected and	8	Q When did you begin to work on that		
9	instructed her not to answer, is is nearly a	9	matter?		
10	backdoor way of disclosing formally her	10	A I'm sorry, on on the industry?		
11	involvement as an expert in cases in which	11	Q No, on the matter that we've been		
12	there's not presently a disclosure requirement.	12	discussing that you're working for plaintiffs'		
13	Accordingly, I've instructed her, and	13	counsel in.		
14	she's followed it, not to identify the lawyers	14	MR. HONIK: I'll instruct you not to		
15	because that identification effectively reveals	15	answer that question for the same reason.		
16	the matter in which she's working. That's the	16	Seth, respectfully, these are just		
17	basis. So please ask another question.	17	backdoor ways to try to get at your essential		
18	BY MR. GOLDBERG:	18	question, which is, tell me the other cases		
19	Q That matter, is that a products	19	that you're involved in. And I won't allow		
20	liability matter?	20	Dr. Conti to reveal that.		
21	MR. HONIK: I instruct you not to	21	MR. GOLDBERG: Well, I I disagree.		
22	answer.	22	I don't need to know the name of the case. I		
23	BY MR. GOLDBERG:	23	don't need to know the names of the other		
24	Q Is it a is it an antitrust matter?	24	parties, but I do think we're entitled to know		
25	MR. HONIK: I instruct you not to	25	what Dr. Conti is doing for plaintiffs' counsel		
1	•	1	<u> </u>		

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	RESTRICTED C		
	Page 34		Page 36
1	in this case in other matters.	1	generic entry in product markets, and have
2	MR. HONIK: Yeah, I don't agree. And	2	thought a lot about I have thought about and
3	moreover, I don't understand the last part of	3	also researched the entry of manufacturers in
4	your observation. I have permitted you to ask	4	this particular market.
5	her many questions about all of the matters	5	BY MR. GOLDBERG:
6	that she's involved with, for whom she's doing	6	Q When you say," in this particular
7	these in terms of segments of industry and	7	market," what were you define what you mean by
8	otherwise.	8	"in this particular market."
9	But you know and I know that if you're	9	A In the valsartan market.
10	involved as an expert consultant in a case in	10	Q When you were studying or researching
11	which the date for disclosure of experts has	11	valsartan in connection with your interest in heart
12	not yet arrived, that that is information that	12	disease, what was the nature of the research?
14	can't be revealed. So please move on. BY MR. GOLDBERG:	13	A Pricing, promotion and
15		14	THE COURT REPORTER: And and what?
16	Q How much money have you made from plaintiffs' counsel in that case?	15	THE WITNESS: And access to these
17	MR. HONIK: Without waiving the	16 17	products. BY MR. GOLDBERG:
18	objection, you can answer. I think you did,	18	
19	didn't you?	19	Q What do you mean by "access"? A Patient use.
20	THE WITNESS: Thank you. None.	20	Q Were you looking at it from an
21	BY MR. GOLDBERG:	21	efficacy standpoint?
$\begin{vmatrix} 21\\22\end{vmatrix}$	Q Do you have your retention in that	22	A Safety and efficacy are both part -
23	case through Greylock McKinnon?	23	are both determinants of access. So I guess,
24	A Yes.	24	generally, yes.
25	Q Are you charging in that matter the	25	Q But at that at that time, you
-		-	, ,
1	Page 35 same fee, hourly fee, that you're charging in this	1	Page 37 became generally familiar with the safety and
2	matter?	$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	efficacy of valsartan at that time?
3	A I don't know.	3	A I think I would think I think about
4	Q Have you generated an invoice yet in	4	that differently as an economist. So I am
5	that matter?	5	interested, again, in the pricing and the
6	A No.		reimbursement and in the utilization of these drugs.
7	Q Okay. Going back to the beginning of	7	Safety and efficacy of products are one of the
8	your retention in this case, prior to being retained		determinants or two of the determinants of people
9	or at least meeting plaintiffs' counsel in February,	9	using these products.
10	March 2020, had you done any research into	10	Q Okay. So you you were kind of
11	valsartan?	11	thinking about how many people are using it, the
12	A Yes.	12	number of people who are using it, and that's sort
13	Q In in what capacity did you do	13	of indicative of its safety and efficacy in some
14	research into valsartan prior to that February,	14	way?
15	March 2020 time period?	15	A No.
16	A In two separate capacities. The first	16	Q Okay. Do you want to explain?
17	is that I have a longstanding interest in some types	17	A Sure.
18	products	18	So I was thinking about the pricing of
19	COURT REPORTER: In some what?	19	this product market, which included the the
20	THE WITNESS: In some types of	20	valsartan products, but not only the valsartan
21	pharmaceutical products, which include drugs	21	products. I've been thinking about the
22	that are used to treat heart disease, valsartan	22	reimbursement of those products, so who pays what
23	being one of them, but there are many others.	23	for them. And then I have I researched the use
24	And then, in the other capacity, I	24	of those products, so what determines the use of
25	have spent a fair amount of time thinking about	25	those products, what are the general patterns of use

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	RESTRICTED C		
	Page 38		Page 40
1	in national prescriptions, in dispensing of	1	A No. This is just part of, again, the
2	prescriptions in certain by certain	2	work this is all part of understanding a little
3	COURT REPORTER: I'm sorry. In	3	bit more understanding this market. I was a
4	certain?	4	chemistry major when I entered college, so I
5	THE WITNESS: Sorry. In certain	5	actually know what they are. So I I am familiar
6	markets, et cetera.	6	with what they are before I was an economist.
7	BY MR. GOLDBERG:	7	Q And in between 2010 and 2020, did you
8	Q And by "these products," you're you	8	do any particular research on the occurrence of NDMA
9	said it's more than valsartan. Are you talking	9	or NDEA in pharmaceutical products?
10	hypertension products generally, or or is it	10	A Okay. I'm sorry. Can you restate the
11	heart disease products generally?	11	question or just just ask the question again?
12	A Correct, drugs that are used to treat	12	Q Sure.
13	heart disease.	13	Between 2010, when you said that
14	Q What was the timeframe of doing this	14	article that article came out, and February 2020,
15	kind of research?	15	did you do any research in in the area of the
16	A So I would say it overlapped with	16	occurrence of NDMA or NDEA in pharmaceutical
17	my the completion of my dissertation. So I	17	products?
18	finished my dissertation in 2007. I was researching	18	A Right. So there's a various body of
19	the use of these products and their pricing before I	19	literature that was developing since, I think, at
20	finished my dissertation, so probably 2003, 2005.	20	least the early 2000s on and actually, probably,
21	And then it continued on from there.	21	before then, on on chemical contaminates that are
22	Similarly, I was very I've been	22	harmful to human health. I did some coursework on
23	very interested in competition, so when these	23	that in at Harvard when I was finishing my
24	products are expected to experience generic entry,	24	when I was doing my Ph.D. And I have been
25	undergo patent expiration; what types of product	25	interested in the topic especially since since I
		_	
	Page 39		Page 41
1	Page 39 or what types of firms enter into these markets; how	1	Page 41 did my dissertation.
1 2	-	1 2	-
	or what types of firms enter into these markets; how		did my dissertation.
2	or what types of firms enter into these markets; how much competition is there; to what extent do these	2	did my dissertation. Q All right. I think you said you
3	or what types of firms enter into these markets; how much competition is there; to what extent do these prices go down over time; who uses these types of	2 3	did my dissertation. Q All right. I think you said you finished your dissertation before 2010?
2 3 4	or what types of firms enter into these markets; how much competition is there; to what extent do these prices go down over time; who uses these types of products. I think I've been thinking about that	2 3 4	did my dissertation. Q All right. I think you said you finished your dissertation before 2010? A Right. I finished my dissertation
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	or what types of firms enter into these markets; how much competition is there; to what extent do these prices go down over time; who uses these types of products. I think I've been thinking about that since at least 2010, 2011. Q How about nitrosamines? Are you familiar with nitrosamines? A Yes. Q Prior to the February, March 2020 timeframe, had you done any work in connection with nitrosamines? A Yes. There was President Bush had a council on cancer that released a report in 2010 about toxins, and specifically chemicals that can cause DNA damage and other types of human health harms that people might be exposed to in the United States. I read that report when it came out. I have been generally interested in in determining in chemicals that might impact consumer health. As an expert in pharmaceutical economics and policy, this is kind of part of my my job, is to understand what these things are. Q Have you done any authored any	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	did my dissertation. Q All right. I think you said you finished your dissertation before 2010? A Right. I finished my dissertation was awarded in or my Ph.D. was awarded in 2007. Q All right. My my question was I'm trying to be little more specific. A Uh-huh. Q My question was, since 2010, between 2010 and February of 2020, have you done any focused research on the occurrence of NDMA and NDEA, in particular, in pharmaceutical drugs? A So I don't know what you mean by "focused research." Q Well, has has the particular focus of research that you've done been the occurrence of NDMA or for NDEA in pharmaceutical drugs? A So so again, the occurrence of these products and their threat to human health as part of the pharmaceutical industry is something that I have been aware of for a long time. And because of product contamination and adulteration in

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	Page 42		Page 44		
1	plant, products made by Mylan, I am aware that there	1	Q Do you have Tab 66, what we have		
2	are a variety of chemicals that can contaminate	2	marked as Conti 1, in front of you?		
3	pharmaceuticals and are harmful to human health.	3	A I do. If you can just give me a		
4	And NDMA is one of those products. It's not the	4	second to read it, please.		
5	only one.	5	Q Okay. This is your retention		
6	Q And I'm asking about NDMA. Have you	6	agreement with plaintiffs' counsel in this case?		
7	studied NDMA prior to February of 2020?	7	A This is GMA's retention agreement with		
8	A NDMA and other products that have come	8	the attorneys on my behalf.		
9	up in my work between 2010 and 2020. Just like	9	THE COURT REPORTER: I'm sorry?		
10	so, again, I if you are an expert in this	10	THE WITNESS: On my behalf.		
11	industry, you know that there have been some very	11	BY MR. GOLDBERG:		
12	significant quality manufacturing lapses in	12	Q And it says that, in the first		
13	pharmaceutical products. That includes contaminated	13	paragraph, that plaintiffs' executive committee has		
14	Heparin. It includes the products that were made at	14			
15	Ranbaxy and ultimately at Mylan as well, and the	15	consulting on economic issues and other related		
16	products that were made at the Cidra plant	16	services.		
17	COURT REPORTER: At the what?	17	What what are the related services		
18	THE WITNESS: By Glaxo by	18	that that you're providing?		
19	GlaxoSmithKline.	19	A I don't know.		
20	COURT REPORTER: I'm sorry. That were	20	Q It goes on to say that you're going		
21	made at the	21	to you've been retained to provide expert		
		22	testimony as it relates to issues of the calculation		
22 23	THE WITNESS: Cidra plant at owned by GlaxoSmithKline in Puerto Rico.	23	of damages.		
24	There have also been other lapses in	24	A I see that.		
25	quality and in manufacturing that have occurred	25	Q Are are you do you understand		
23		23			
١.	Page 43		Page 45		
1	particularly around 2010, 2011, 2012. And I	1	that that that to be the scope of your testimony,		
2	have been very interested in what exactly those	2	the calculation of damages?		
3	quality lapses were and and what are the	3	MR. HONIK: Object to the form and to		
4	nature of the what are the harms to human	4	the extent that it calls for a legal expert		
5	health of those types of lapses.	5	opinion.		
6	So I am aware of nitrosamines, in	6	You may answer.		
7	addition to many other chemicals, being harmful	7	THE WITNESS: I have produced a report		
8	to human health and have been aware of that	8	that is calculating damages in this matter.		
9	during this time period.	9	BY MR. GOLDBERG:		
10	MR. GOLDBERG: Can we pull up Tab 66?		Q So the answer is, yes, you understand		
11	BY MR. GOLDBERG:	11	the scope of your work to be in relation to the		
12	Q Dr. Conti, I want to show you your	12	calculation of damages?		
13	retention agreement in this case. I don't think you	13	MR. HONIK: Same objection.		
14	need to take the time to go through the binder, but	14	You may answer.		
15	if you want to, I just want to pull this up and mark	15	THE WITNESS: Thank you.		
16	this as Conti 1.	16	So up until this period in time, what		
17	(Whereupon, Exhibit Conti 1 was marked	17	I have largely worked on in this matter is		
18	for Identification.)	18	related to the calculation of damages.		
19	BY MR. GOLDBERG:	19	MR. GOLDBERG: You can take that down		
20	Q This is can you see that okay? You	20	put that aside.		
21	have it up on the screen?	21	BY MR. GOLDBERG:		
22	A Yeah. I'm going to go get my binder.	22	Q You generated a report in this matter		
23	Q It's going to be Tab 66 in that	23	in November of 2021. Can you describe, generally,		
24	binder.	24	what the process was for putting together that		
25	A Okay. Great.	25	report?		

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	Page 46		Page 48
1	A I reviewed data. We	1	pretty intently, at least starting over the summer.
2	THE COURT REPORTER: I'm sorry,	2	Q Over which summer?
3	Doctor. Can you repeat that?	3	A Last summer, 2021.
4	THE WITNESS: Sure.	4	Q You mentioned the staff. How big was
5	I discussed with the attorneys the	5	your staff for this matter, and who were they?
6	availability of data to calculate damages in	6	A The people that I have worked most
7	this matter, and also theories of liability	7	closely with are Bennett Erickson and Sarah Stone,
8	that would determine how we calculated	8	both employees at Greylock McKinnon, both people
9	damages or how I calculated damages. I	9	that I work with pretty closely, generally. There
10	worked with my staff to and with and with	10	might be some other staff that I don't know as well
11	the attorneys, to cull materials that would be	11	that have worked on this case.
12	helpful in the calculation of damages. And I	12	Q Do you have a sense of how much time
13	also reviewed regulatory documents and other	13	Bennett put into this matter?
14	facts that are relevant to the calculation of	14	A No. Bennett's worked a lot on this
15	damages.	15	matter. But I I don't know. I don't see his
16	And there's hold on. And there was	16	billings.
17	lots of drafting, analysis, redrafting and	17	Q Do you see anybody's billings for this
18	finally, the final report.	18	matter, or does that all go to Greylock admins?
19	BY MR. GOLDBERG:	19	A I am very grateful for the work that
20	Q How long do you think it took to	20	Greylock does, and no, I don't see any of the
21	generate the report from when you started to work	21	billings. I don't I'm not involved in any of the
22	work on it?	22	administration.
23	MR. HONIK: Seth, can we agree that	23	Q Do you have a sense of how many hours
24	when you use the word, "report," you're	24	you put into the declaration?
25	referring to the expert declaration of	25	A Frankly, no.
	Page 47		Page 49
1	Dr. Conti	1	Q Do you expect it to be more than
2	MR. GOLDBERG: Yes.	2	25 hours?
3	MR. HONIK: of November 10th of	3	A Yes.
4	last year.	4	Q More than 50 hours?
5	MR. GOLDBERG: Yes, the expert	5	A Yes.
6	declaration.	6	Q More than 100 hours?
7	MR. HONIK: Thank you.	7	A I would say close to 100 hours, sounds
8	THE WITNESS: I'm sorry. Can you ask	8	about right, but I don't
9	me the question	9	THE COURT REPORTER: I'm sorry. One
10	MR. HONIK: How long did it take you?	10	more time.
11	That's what he asked.	11	THE WITNESS: I don't have an exact
12	THE WITNESS: To generate the report,	12	accounting.
13	correct?	13	BY MR. GOLDBERG:
14	BY MR. GOLDBERG:	14	Q Your the retention agreement, which
15	Q Yes.	15	we marked as Conti 1, says your hourly rate is \$675.
16	A Okay. Many months.	16	Does that sound right to you?
17	Q How many months?	17	A Hold on. Let me just look again.
18	A A lot. A lot of time because we were	18	Q Sure.
19	waiting we were discussing. We were waiting for	19	A So, yeah, it does. I think my hourly
20	data. We were and then calculating damages and	20	rate has gone up a little bit over time, maybe by
21	then writing the report.	21	\$100, but I'm not exactly sure.
22	Q Many, a lot, do you have was it	22	Q And for you would invoice your time
23	10 months, more than 10 months?	23	to Greylock, as well?
24	A I would say I mean, we I was	24	A Yes.
	working on this, and staff was working on this	25	Q What are what do Bennett what

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1			
	Page 50		Page 52
1	are Bennett and Sara's backgrounds? Are they	1	J 1
2	Ph.D.s? Are they what what do they do?	2	direction.
3	A So Bennett and Sarah both have are	3	Q And then did you provide drafts to
4	both highly trained quantitative people. I would	4	plaintiff's counsel to obtain comments from them
5	say Sarah largely assists me on research through	5	about your report?
6	identifying documents and specific facts that might	6	MR. HONIK: I'm sorry. I didn't hear
7	be helpful. I would say Bennett largely works on	7	the question. May I have it back, Jamie?
8	data cleaning, manipulation and analysis. I have	8	THE COURT REPORTER: Sure.
9	not seen either of their CVs, but I have worked very	9	(Whereupon, the question was read back
10	closely with them for a long time.	10	as requested.)
11	Q When you think about your expert	11	MR. HONIK: Thank you. It's a yes or
12	declaration, it's broken up into sort of at the	12	no.
13	beginning your calculations of damages kind of	13	THE WITNESS: Yes.
14	appear at the end of the declaration. Did did	14	BY MR. GOLDBERG:
15	either Bennett or Sarah do more in terms of the	15	Q Did anyone outside of
16	calculations of damages? How did the work break up	16	Greylock McKinnon or plaintiff's counsel provide
17	in terms of writing, drafting your report?	17	input to your report?
18	A Okay. I think you're	18	A No.
19	mischaracterizing my report, number one.	19	Q Did anyone at Boston University help
20	So the estimate of damages is found in	20	gather information for your report?
21	the front, and then the discussion of how to	21	A No.
22	calculations how to calculate the report is kind	22	MR. GOLDBERG: Can we pull up Tab 525
23	of in the middle. And then the actual actual	23	I'm gonna mark as Tab 52 Defendant's Amended
24	calculations are summarized at the end. And then	24	Notice to Videotaped Deposition of Dr. Conti.
25	there are appendices that provide the details of the	25	(Whereupon, Exhibit Conti 2 was marked
	Page 51		Page 53
1	data and the specific calculations.	1	for Identification.)
2	I wrote my report.	2	MR. HONIK: And we're calling that
3	Q What do you mean by that?	3	Conti 2?
4	A I mean I wrote my report.	4	MR. GOLDBERG: And this is going to be
5	Q Okay. You mentioned that there were	5	marked as Conti 2, yes.
	Q Okay. Tou mendoned that there were)	marked as Cond 2, yes.
6	lots of drafts and back and forth. You wrote it,	6	BY MR. GOLDBERG:
6 7	· · · · · · · · · · · · · · · · · · ·		• •
	lots of drafts and back and forth. You wrote it,	6	BY MR. GOLDBERG:
7	lots of drafts and back and forth. You wrote it, you shared it with your colleagues at	6 7	BY MR. GOLDBERG: Q Do you recognize this document,
7 8	lots of drafts and back and forth. You wrote it, you shared it with your colleagues at Greylock McKinnon to comment on it?	6 7 8	BY MR. GOLDBERG: Q Do you recognize this document, Dr. Conti?
7 8 9	lots of drafts and back and forth. You wrote it, you shared it with your colleagues at Greylock McKinnon to comment on it? A I think that's a mischaracterization.	6 7 8 9	BY MR. GOLDBERG: Q Do you recognize this document, Dr. Conti? A Yes.
7 8 9 10	lots of drafts and back and forth. You wrote it, you shared it with your colleagues at Greylock McKinnon to comment on it? A I think that's a mischaracterization. Q Did your colleagues at	6 7 8 9 10	BY MR. GOLDBERG: Q Do you recognize this document, Dr. Conti? A Yes. Q Did you receive this document? A Yes. Q And this document, you understand,
7 8 9 10 11	lots of drafts and back and forth. You wrote it, you shared it with your colleagues at Greylock McKinnon to comment on it? A I think that's a mischaracterization. Q Did your colleagues at Greylock McKinnon not comment on your draft report?	6 7 8 9 10 11	BY MR. GOLDBERG: Q Do you recognize this document, Dr. Conti? A Yes. Q Did you receive this document? A Yes.
7 8 9 10 11 12	lots of drafts and back and forth. You wrote it, you shared it with your colleagues at Greylock McKinnon to comment on it? A I think that's a mischaracterization. Q Did your colleagues at Greylock McKinnon not comment on your draft report? A Again, I think that's a	6 7 8 9 10 11 12	BY MR. GOLDBERG: Q Do you recognize this document, Dr. Conti? A Yes. Q Did you receive this document? A Yes. Q And this document, you understand,
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7 8 9 10 11 12 13 14	lots of drafts and back and forth. You wrote it, you shared it with your colleagues at Greylock McKinnon to comment on it? A I think that's a mischaracterization. Q Did your colleagues at Greylock McKinnon not comment on your draft report? A Again, I think that's a mischaracterization. Q Okay. So just tell me. This isn't	6 7 8 9 10 11 12 13 14	BY MR. GOLDBERG: Q Do you recognize this document, Dr. Conti? A Yes. Q Did you receive this document? A Yes. Q And this document, you understand, made certain document requests of you? A Yes. I understand on Exhibit A, Page 3, or actually, Page 2, 3 and 4. Q What did you do to respond to this set
7 8 9 10 11 12 13 14 15	lots of drafts and back and forth. You wrote it, you shared it with your colleagues at Greylock McKinnon to comment on it? A I think that's a mischaracterization. Q Did your colleagues at Greylock McKinnon not comment on your draft report? A Again, I think that's a mischaracterization. Q Okay. So just tell me. This isn't too much of a mystery. I'm just trying to	6 7 8 9 10 11 12 13 14 15 16 17	BY MR. GOLDBERG: Q Do you recognize this document, Dr. Conti? A Yes. Q Did you receive this document? A Yes. Q And this document, you understand, made certain document requests of you? A Yes. I understand on Exhibit A, Page 3, or actually, Page 2, 3 and 4.
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	Page 54		Page 56
1	be updated, and then it was provided to counsel	1	in specifics. So so there's a
2	to provide to you.	2	Q What did you
3	Number 2 was a list of all articles,	3	A Hold on, please let me finish.
4	abstracts, studies, reports, seminar materials,	4	You requested 17 separate items, so in
5	presentations, publications or other writings	5	order to answer your question, I am happy to tell
6	authored or co-authored by me from 2022 to the	6	you, for each request, how I answered how I
7	present, that relate to the use of data after	7	gathered documents and provided that information.
8	team members the use of pharmaceutical	8	Q Okay. We don't have to do that.
9	data	9	Okay. We'll we'll get to it.
10	Q Doctor. Doctor, I don't	10	MR. GOLDBERG: Can we pull up document
11	A Hold on.	11	65, please?
12	Q Hang on. Hang on. Hang on.	12	BY MR. GOLDBERG:
13	MR. HONIK: Mr. Goldberg, let her	13	Q Do you recognize the document that's
14	finish, and then you can interject whatever	14	on the screen?
15	MR. GOLDBERG: Hang on a second. It's	15	A No.
16	not the answer is not responsive to the	16	MR. GOLDBERG: Marking as Conti 3, the
17	question. And also, we really don't need to	17	document entitled, "Plaintiffs' Objections and
18	waste just hang on, Doctor. We don't need	18	Responses to Defendants' Notice of Videotaped
19	to waste the time. I'm not asking you to read	19	Deposition of Rena Conti, Ph.D."
20	the request out loud. I'm not asking you to	20	(Whereupon, Exhibit Conti 3 was marked
21	read it. My question was what did you do to	21	for Identification.)
22	respond.	22	BY MR. GOLDBERG:
23	MR. HONIK: Excuse me. Excuse me.	23	Q Is this the first time you're seeing
24	Seth, respectfully, she is completely	24	this document, Dr. Conti?
25	responsive to your question. It's within her	25	A Well, let me look through in detail,
			*
1	Page 55 province to answer it in whatever way she	1	Page 57 please. I'm on Page 6. I think there are
$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	thinks is appropriate. To frame her response,	2	Q Yeah, my question was
3	she is going through each request and	3	A 15 pages. You asked me if I had
4	identifying what she did.	4	seen this, and I'm saying I'm going to look through.
5	Now, I'd like her to complete her	5	Q We can go off the record while you do
6	response which you cut off. If you'd like to	6	that.
7	sharpen your question in some way and perhaps	7	MR. HONIK: Are you nearly done,
8	give her an instruction, that's fine. I have	8	Dr. Conti?
9	_	9	
10	no objection. MR. GOLDBERG: That's fine.	10	THE WITNESS: I'm on Page 8 now. If you can just give me a little bit more time.
11	MR. HONIK: But but she was in the	11	MR. GOLDBERG: Let's go off the
12	middle she was in the middle of a response,	12	record.
13	which was highly responsive, even if it didn't	13	THE VIDEOGRAPHER: The time is 11:29.
14			We're going off the record.
	satisfy what you wanted.	14	6 6
15	You can continue, Dr. Conti, and then	15	(Whereupon, a short break was taken.) THE VIDEOGRAPHER: The time is 11:30
16	pause. MP COLDBERG: Objection I'm	16	
17	MR. GOLDBERG: Objection. I'm	17	We're back on the record.
18	withdrawing I'm withdrawing the question, so	18	BY MR. GOLDBERG:
19	there's no reason	19	Q Dr. Conti, have you seen this document
20	MR. HONIK: That's fine. Very good.	20	before, what we've marked as Conti 3?
21	Thank you. Next question.	21	A No, I have not.
22	BY MR. GOLDBERG:	22	MR. GOLDBERG: Can you pull up the
23	Q Did you did you collect any	23	document the document that's Tab I
24	documents to respond to this request?	24	believe it's Tab 0. Do you have a copy of your
25	A Yes. That's what I'm trying to answer	25	report handy? If not, there's one in the

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1	binder.	1	A Right. I think winter 2020 is when we	
2	A I didn't hear you with it.	2	first started having discussions, like I said,	
3	THE COURT REPORTER: I didn't hear	3	before the pandemic.	
4	you.	4	Q Yeah. Okay. Yeah. I know earlier	
5	Q Your report is the first document in	5	you said February, March, but it looks like it was	
6	Binder 1. Do you have get that unless you have a	6	more like January that you got into this matter; is	
7	copy of it handy.	7	that correct?	
8	A I have Tab 1 in front of me.	8	A Well, that's what it says here, so	
9	Q Okay. Actually, before we get to	9	must be.	
10	that	10	Q And just going through at the time,	
11	MR. GOLDBERG: And that can come down,	11	it looks like your hourly rate was \$675 an hour if	
12	sorry about that.	12	we go to that column. And you said that your hourly	
13	Could you please pull up	13	rate is different now?	
14	document 70 I'm sorry, not 70, document 67.	14	A Is that a question?	
15	THE VIDEOGRAPHER: This will be	15	Q Well, I'm trying to do you know	
16	Exhibit 4?	16	what your hourly rate is now? It looks like if you	
17	MR. GOLDBERG: This will be, yes.	17	go three or four pages in	
18	THE WITNESS: I'm sorry. Did you say	18	A Yeah.	
19	64?	19	Q What is your hourly rate now?	
20	MR. HONIK: 67.	20	A I think it's either 750 or 775. I	
21	MR. GOLDBERG: Document 67, which we	21	think it has changed a little bit over time.	
22	are marking as Exhibit Conti 4.	22	Q Okay. We'll get there, but it is 775.	
23	(Whereupon, Exhibit Conti 4 was marked	23	Let's just go down this let's just	
24	for Identification.)	24	go through this so we can get some names here. Who	
25		25	is after so you have four entries for	
	Page 59		Page 61	
	-			
1	BY MR. GOLDBERG:	1	Dr. Conti in 2020. And who is the next person?	
$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	BY MR. GOLDBERG: Q Do you recognize document the	1 2	Dr. Conti in 2020. And who is the next person? A Mike Augusteijn.	
2	Q Do you recognize document the	2	A Mike Augusteijn.	
2 3	Q Do you recognize document the document we have marked as Conti 4?	2 3	A Mike Augusteijn. Q What did Mike do?	
2 3 4	Q Do you recognize document the document we have marked as Conti 4? A No.	2 3 4	A Mike Augusteijn.Q What did Mike do?A It says that he discussed	
2 3 4 5	Q Do you recognize document the document we have marked as Conti 4? A No. Q I'll represent to you that these were	2 3 4 5	 A Mike Augusteijn. Q What did Mike do? A It says that he discussed Q Okay. What what does what did 	
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1	BY MR. GOLDBERG:	1	What what was that?
2	Q I can withdraw the question. I'm	2	A I don't know.
3	sorry. You did talk about Bennett before.	3	Q You don't know what he meant by "cGMP
4	The next person is Brian Hebert. What	4	market share analysis"?
5	did Brian do for the project, generally?	5	A I'm assuming it has something to do
6	A So it looks here that he billed time	6	with there are multiple manufacturers of these
7 8	for import checking of manufacturing data.	7	products at issue in this matter. But I don't know
	Q Do you know what what manufacturing data he looked at?	8	what he specifically meant on this date. Q Do you know if Bennett's cGMP market
9 10	A I don't.	9	Q Do you know if Bennett's cGMP market share analyses were produced in this case?
11	Q Do you know what what is meant by	11	A I'm sorry, what do you mean by
12	the phrase "manufacturing data"?	12	"produced"?
13	A I'm assuming it was data that was	13	Q Provided to plaintiffs' counsel for
14	related to the sale of these products.	14	production in this case.
15	Q That's pretty broad. Do you is	15	A You mean did Bennett turn those
16	there any particular data that you think he looked	16	documents over to you?
17	at related to the sale of the products?	17	Q Well, did Greylock McKinnon or Bennett
18	A I don't know.	18	provide them to plaintiffs' counsel to produce in
19	Q If you go on into 2021, now you've got	19	this case?
20	Sarah Honan added to the invoices. Who is	20	A Well, I'm assuming so I I mean,
21	Sarah Honan? Is that the Sarah we mentioned	21	the short answer is I don't know. The longer answer
22	earlier? No, that was Sarah Stone.	22	is by definition, my report contains the sales of
23	A Right, Sarah Stone. So Sarah Stone	23	these products across different manufacturers over
24	and Bennett Erickson are the people that I have been	24	time. And so I'm assuming that it's related to what
25	working with at GMA on this matter. There are a	25	Bennett states here, and those all of that back
	Page 63		Page 65
1	handful of other people that generally support	1	up and have been produced. They are part of my
2	Bennett and Sarah that I don't know as well. So	2	report.
3	Sarah Honan is is one of those people.	3	Q Did you rely on a market share
4	Q Do you know can you describe,	4	analysis in reaching your report in reaching your
5	generally, what she did for the project?	5	opinions?
6	A It says here "Imported IQVIA data."	6	A Again, by definition, the at-issue
7	Q If you on the third page of the	7	products are valsartan drugs made by different
8	document, assuming you have double-sided copies,	8	manufacturers. My report had to identify those
9	it's it's invoice 21158.	9	manufacturers in national data and then apportion
10	A Yes. That's not what's on the screen,	10	sales of those products across different
11	but I see I am on that.	11	manufacturers.
12	Q Okay. The first entry for Bennett	12	If you go further down on the fourth
13	says, "Work on valsartan cGMP market share	13	line, Bennett says, "Work on review of repackager
14	analysis."	14	NDCs. Create comparison of FDA-recalled"
1		1 1 5	COURT REPORTER: I'm sorry, Doctor.
15	What do you know what that means?	15	
16	What do you know what that means? A I'm sorry, I'm a little confused,	16	Bennett says, "Work on review of"
16 17	What do you know what that means? A I'm sorry, I'm a little confused, because what's on the screen is not I don't think	16 17	Bennett says, "Work on review of" THE WITNESS: "Repackager NDCs.
16 17 18	What do you know what that means? A I'm sorry, I'm a little confused, because what's on the screen is not I don't think what we're talking about, so can we just make sure	16 17 18	Bennett says, "Work on review of" THE WITNESS: "Repackager NDCs. Create comparison of FDA-recalled NDCs to IQVIA
16 17 18 19	What do you know what that means? A I'm sorry, I'm a little confused, because what's on the screen is not I don't think what we're talking about, so can we just make sure we're on the same page?	16 17 18 19	Bennett says, "Work on review of" THE WITNESS: "Repackager NDCs. Create comparison of FDA-recalled NDCs to IQVIA NDCs."
16 17 18 19 20	What do you know what that means? A I'm sorry, I'm a little confused, because what's on the screen is not I don't think what we're talking about, so can we just make sure we're on the same page? So invoice 21158, is that what we're	16 17 18 19 20	Bennett says, "Work on review of" THE WITNESS: "Repackager NDCs. Create comparison of FDA-recalled NDCs to IQVIA NDCs." I think that so so there is an
16 17 18 19 20 21	What do you know what that means? A I'm sorry, I'm a little confused, because what's on the screen is not I don't think what we're talking about, so can we just make sure we're on the same page? So invoice 21158, is that what we're talking about right now?	16 17 18 19 20 21	Bennett says, "Work on review of" THE WITNESS: "Repackager NDCs. Create comparison of FDA-recalled NDCs to IQVIA NDCs." I think that so so there is an FDA list of recalled valsartan products, and
16 17 18 19 20 21 22	What do you know what that means? A I'm sorry, I'm a little confused, because what's on the screen is not I don't think what we're talking about, so can we just make sure we're on the same page? So invoice 21158, is that what we're talking about right now? Q Right.	16 17 18 19 20 21 22	Bennett says, "Work on review of" THE WITNESS: "Repackager NDCs. Create comparison of FDA-recalled NDCs to IQVIA NDCs." I think that so so there is an FDA list of recalled valsartan products, and that identifies products by NDC code in the
16 17 18 19 20 21 22 23	What do you know what that means? A I'm sorry, I'm a little confused, because what's on the screen is not I don't think what we're talking about, so can we just make sure we're on the same page? So invoice 21158, is that what we're talking about right now? Q Right. A Okay. Good. So	16 17 18 19 20 21 22 23	Bennett says, "Work on review of" THE WITNESS: "Repackager NDCs. Create comparison of FDA-recalled NDCs to IQVIA NDCs." I think that so so there is an FDA list of recalled valsartan products, and that identifies products by NDC code in the IQVIA data. I can identify products by NDC
16 17 18 19 20 21 22	What do you know what that means? A I'm sorry, I'm a little confused, because what's on the screen is not I don't think what we're talking about, so can we just make sure we're on the same page? So invoice 21158, is that what we're talking about right now? Q Right.	16 17 18 19 20 21 22	Bennett says, "Work on review of" THE WITNESS: "Repackager NDCs. Create comparison of FDA-recalled NDCs to IQVIA NDCs." I think that so so there is an FDA list of recalled valsartan products, and that identifies products by NDC code in the

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	RESTRICTED C		12 12 21 (1 11 12
	Page 66		Page 68
1	label distributers and even retailers such as	1	MR. HONIK: Thank you.
2	CVS or Costco.	2	MR. GOLDBERG: Sure.
3	And so in order to go from the NDC	3	MR. HONIK: I see it now. Thank you
4	list produced by the by the FDA to Xponent	4	BY MR. GOLDBERG:
5	was actually sold into the U.S. market, there	5	Q And then if we go to
6	is there is a job that needs to get done.	6	A It's two pages, actually. It's two
7	Because repackagers or relabelers will change	7	pages.
8	the NDC code by definition.	8	Q Right. And there's no entry for
9	And so there was work that was done to	9	Dr. Conti on that invoice, correct?
10	match NDC codes or drugs at issue in this	10	A Correct.
11	matter with the national sales that we had on	11	Q And then the next invoice is 21158.
12	these products. All of that was produced in my	12	Do you see that?
13	report.	13	A Yes.
14	BY MR. GOLDBERG:	14	Q And there's no invoice for Dr. Conti
15	Q Let's just start at the beginning of	15	there? There's no time invoiced for Dr. Conti in
16	this. And if you go back to the first page of this	16	that invoice, correct?
17	document, do you see it says, for you, Dr. Conti	17	A Correct, but there is mention of me
18	THE COURT REPORTER: I'm sorry, Seth.	18	participating in calls with the attorney.
19	Can you start that again?	19	Q So you participated in that call on
20	BY MR. GOLDBERG:	20	May 24th, 2021, right?
21	Q It looks like you invoiced two hours,	21	A Yes.
22	2.6 hours; is that correct?	22	Q Let's turn to the next invoice, which
23	A Yes, I see that here.	23	is 21617. There we see Dr. Conti, you billed
24	Q And if you go along with me to the	24	12.75 hours, right? Correct?
25	next invoice, there's there's no entry for	25	A I'm just I didn't I didn't
	Page 67		Page 69
1	Dr. Conti; am I correct?	1	prepare this invoice, so I'm just looking through
2	A You mean again, I don't know	2	Q Sure.
3	Q Invoice	3	A what is actually billed. That's
4	COURT REPORTER: All right. I	4	correct.
5	cannot I can't take both of you down at the	5	Q And that invoice takes us through
6	same time. And you're both interrupting each	l	12-29-21. It's the last date anyone billed time on
7	other, and so you're not giving me a chance to	7	that invoice. Do you see that?
8	do my job.	8	A Well, it's the last time that some of
9	MR. GOLDBERG: Okay. Let's not worry	9	the staff billed time on the invoice. I can see
10	about the screen since you have the binder in	10	that.
11	front of you, and that was the purpose of	11	Q Based on my review of these invoices,
12	giving you the document in hard copy. So can	12	before December 29th, 2021, you billed, in total,
13	you and the tech can follow along if the	13	approximately 15 hours for your work in this matter;
14	tech can follow along.	14	is that a fair representation?
15	BY MR. GOLDBERG:	15	MR. HONIK: Object to form.
16	Q Right now I'm looking at	16	THE WITNESS: Well, again, I didn't
17	Invoice 21024, which is in your binder. Do you see	17	produce these documents, so I just simply
18	that.	18	billed for the time that's listed here. But if
19	A Yes.	19	there's a different process for what I submit
20	Q Okay. And there's not an entry for	20	and what GMA does in what is listed here if
21	Dr. Conti in there, correct?	21	there is time, I'm happy that I billed, I'm
22	MR. HONIK: Seth, I think for the	22	happy to total it up. I haven't done that.
23	benefit of myself and all other counsel, can	23	It looks like, in the first invoice,
24	the tech bring up the specific document?	24	there's about two-and-a-half hours.
25	MR. GOLDBERG: Sure.	25	COURT REPORTER: There is there's
		1	

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1	what?		also teaching intensely during that time. I have
2	THE WITNESS: About two-and-a-half	2	actually been teaching intensely since July. And so
3	hours.	3	I have been actively working on this case, but I
4	In the last invoice there's about 12,	4	have not submitted my time because I frankly did not
5	almost 13 hours. So I think that's fair. So	5	have the time to do it.
6	there's approximately 15 to 16 hours that I	6	Q Well, let's look at invoice 21617.
7	billed for my time on these invoices.	7	That's the last invoice in the in the packet.
8	BY MR. GOLDBERG:	8	That's your 2021 time. And
9	Q Are there other Greylock McKinnon	9	A I'm sorry. I'm sorry. I'm not I'm
10	invoices that haven't been produced?	10	not following you. Where are you?
11	A So I am woefully behind in my time on	11	Q It's up on the screen, invoice 21617.
12	this matter. I have a list of the time that I have	12	It's the last invoice in the packet.
13	worked on this, but it has not been completely	13	A I can see that.
14	submitted to Greylock McKinnon or to the attorneys.	14	Q So you billed an hour in May of 2021,
15	Q But you were asked	15	correct? You billed an hour in September 2021,
16	Greylock McKinnon was asked to produce your invoices	16	correct? And am I correct?
17	in this case, and you didn't comply with that	17	A I can see that there.
18	request?	18	Q And you billed 10.75 hours in
19	MR. HONIK: Object to the form.	19	October 2021, correct?
20	THE WITNESS: Of course I did.	20	A Correct.
21	BY MR. GOLDBERG:	21	Q How much time do you expect to bill
22	Q Well, why don't we have that time and	22	plaintiffs for 2021 in addition to these
23	your invoices for that?	23	12.75 hours?
24	A You mean you mean all the invoices?	24	A So I have a preliminary listing of my
25	Q Yeah.	25	time, and it amounts to approximately 60 hours.
	Page 71		Page 73
1	A Because I'm really busy, frankly. I'm	1	Q And that's for 2021?
2	teaching intensely. I've been doing a lot of other	2	A Yes. Oh, 2021 and 2022.
3	work to support government activity. And I have a	3	Q And how much of that time is 2021
4	very sick mother that I am managing her time and	4	versus 2022?
5	also taking care of my kid. So I've been very, very	5	A I would say the majority.
6	busy over the past two months and	6	Q Is 2021?
7	Q Well, I'm not I'm not	7	A Correct.
8	MR. HONIK: Don't interrupt her,	8	Q How much time have you spent on this
9	please.	9	matter excuse me in 2022?
10	THE WITNESS: So I have been really,	10	A In preparing for the deposition and
11	really busy, and so my time is not complete.	11	doing a handful of other things, maybe about
12	BY MR. GOLDBERG:	12	20 hours or so. I don't have a specific accounting
13	Q I'm not concerned about your time in	13	yet. Again, I've been going back and forth between
14	2022. You	14	Boston, New York, Philadelphia and Chicago, because
15	A I'm saying that my time in 2021, I	15	my mother is really sick, for every single week
16	spent the majority of 2021 dealing with a very sick	16	since the new year.
17	mother, traveling in three separate cities and	17	Q Do you think you'd be able to provide
18	taking care of my child, in addition to myself, in	18	that preliminary list to your counsel so that we can
19	addition to very intense teaching and other	19	see it?
20	activities. I am behind in my time.	20	A Sure. I mean, my my plan is to
21	Q Were you able to put your time in for	21	to finish it. I don't like to submit bills, and I
22	some invoices, but not others; is that what you're	22	don't I don't like to submit bills that I don't
23	saying?	23	feel that aren't triple checked, and so I have a
24	A What I'm saying is my mother became	24	process for doing that.
25	very sick last summer, and so my time and I was	25	MR. GOLDBERG: Why don't we go off the

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1	record and take a five-minute break just to	1	that question.
2	give everybody a minute?	2	Going to the next paragraph, you say,
3	MR. HONIK: Why don't we call it	3	"I have been asked by plaintiffs' counsel to assume
4	10 minutes and come back at 10:07. Okay?	4	that the at-issue valsartan products manufactured
5	MR. GOLDBERG: Sounds good.	5	and sold by the defendants" and I'm gonna go now
6	THE VIDEOGRAPHER: The time is 11:57.	6	to the bottom "were recalled" "that were
7	This ends Media Unit Number 1.	7	recalled in 2018 and 2019 were adulterated and
8	(Whereupon, a short break was taken.)	8	misbranded."
9	THE VIDEOGRAPHER: The time is 12:11.	9	Do you see that?
10	This begins Media Number 2, and back on the	10	A Yes.
11	record.	11	Q What do you mean by "at-issue
12	BY MR. GOLDBERG:	12	valsartan products"?
13	Q Dr. Conti, if you could pull and put	13	A The valsartan products that were
14		14	listed in Footnote 3 and Footnote 4.
15	which we marked as which we are going to mark as	15	Q When you use the phrase "at-issue
16	Conti 5.	16	valsartan products," are you limiting that to
17	(Whereupon, Exhibit Conti 5 was marked	17	valsartan products that contained NDMA or NDEA?
18	for Identification.)	18	A No.
19	BY MR. GOLDBERG:	19	COURT REPORTER: I'm sorry?
20	Q And I'd like to start at the beginning	20	THE WITNESS: No.
	of your report.	21	MR. GOLDBERG: Can we go off the
22	A Just give me a second to get it.	22	record for one second?
23	Q Okay. Let's start at the beginning of	23	THE VIDEOGRAPHER: The time is 12:16.
24	your report. I'm going to ask you questions about	24	We're going off the record.
25	it in different places, but I'd like to start just	25	(Whereupon, a discussion was held off
			-
1	Page 75 at Paragraph 1.	1	Page 77 the record.)
2	You said you were retained to provide	2	THE VIDEOGRAPHER: The time is 12:18.
3	opinions and calculations regarding the the	3	We're back on the record.
4	injury and damages incurred by classes of consumers	-	BY MR. GOLDBERG:
5	and end-payers in this matter.	5	Q So when you're using the phrase
6	By "this matter," you're referring to	6	"at-issue valsartan products" in Paragraph 2 of your
1	the amended economic class action complaint, which	l	declaration and throughout your declaration,
	is at Footnote 1, correct?	l	you're you're including valsartan products that
9	A Yes.	9	may not have contained NDMA or NDEA?
10	Q I'm just going to remind you to speak	10	MR. HONIK: Object to form, asked and
11	up a little bit, or maybe the microphone needs to be	11	answered.
12	turned up.	12	THE WITNESS: When I am referring to
13	And by "injury in this matter" you	13	"at-issue valsartan products," they are the
14	use the phrase "injury" you're you're talking	14	ones listed in Footnote 2 and Footnote I'm
15	about an economic injury of this matter, correct?	15	sorry Footnote 3 and Footnote 4 of my
16	A Correct.	16	
17	Q And your damages you're not	17	report. BY MR. GOLDBERG:
18	providing opinions on liability, you're providing	18	Q Footnote 3 and Footnote 4 refer to
19	opinions on damages, right?	19	recalled valsartan products, correct?
20		20	MR. HONIK: Object to form.
	MR. HONIK: Object to form.		THE WITNESS: No, not solely. That's
21	THE WITNESS: I'm providing opinions	21	a mischaracterization. So Footnote 3 and
22	on economic injury and damages. BY MR. GOLDBERG:	22 23	
23		l	Footnote 4 define at-issue valsartan products.
24	Q You're not you're not you	24	And they include products manufactured by
23	haven't reached an opinion as to well, strike	25	I'm going to say this, and it's I'm going to

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1	butcher the name Zhejiang Huahai, Teva,	1	MR. GOLDBERG: What you understand
2	Hetero, Torrent, Mylan and Aurobindo. And it	2	MR. HONIK: Excuse me. Excuse me.
3	includes the valsartan products marketed under	3	MR. GOLDBERG: Counsel, don't
4	Diovan name and their generic equivalent and	4	interrupt. Don't interrupt.
5	then marketed under the Exforge name and their	5	MR. HONIK: I'm going to protect this
6	generic equivalent during the time period	6	record in every single way that I want to. And
7	2020 2012 through 2018.	7	as a courtesy to Ms. Moskowitz, I simply heard
8	BY MR. GOLDBERG:	8	a noncontroversial three words and offered them
9	Q So you are including in at-issue	9	to her to move things along. Thank you.
10	valsartan products all valsartan manufactured by	10	MR. GOLDBERG: Counsel, what do you
11	those defendants between 2012 and 2018?	11	understand to be the the adulteration that
12	A Correct.	12	you assumed?
13	Q That paragraph at the end talks	13	MR. HONIK: I'm not I'm not here to
14	about it says that you you were asked to	14	answer your questions. If it's directed
15	assume that those products were adulterated and	15	MR. GOLDBERG: I'm sorry. I'm sorry,
16	misbranded. On what basis do you	16	Dr. Conti.
17	A I'm sorry. I'm sorry. I don't	17	BY MR. GOLDBERG:
18	know what what do you mean by "at the end"?	18	Q I'd like to I'd like you to explain
19	Q Okay. If you look at if you look	19	what you under what you assumed.
20	at the paragraph, it says, "I have been asked"	20	A So, again, the assumption of
21	A Paragraph 2, okay.	21	adulteration and misbranding is detailed in the
22	Q You were asked to assume that those	22	complaint and cited in my Paragraph 1 and
23	products were adulterated and misbranded, correct?	23	Paragraph 2 in Footnotes 1, 2, 3 and 4.
24	A Correct.	24	Q It's fair to say, since you assume
25	Q On what basis were you asked to make	l	those facts that are in that complaint, you didn't
1	Page 79 that assumption?	1	Page 81 reach any independent determination about whether
2	A I'm sorry. I don't understand the	2	there was an adulteration, correct?
3	question.	3	A Again, I was asked to assume certain
4	Q What were the what was the basis	4	facts about the adulteration and misbranding of
5	for the adulteration that you were asked to assume?	5	valsartan products at issue in this matter.
6	A My understanding is, that basis is	6	Q So the answer to my question is yes,
7	outlined in the complaint, which I reference in the		you didn't independently conclude that there was an
8	first paragraph of my report and also Footnote 1.	8	adulterated drug?
9	Q Was there any particular aspect of	9	MR. HONIK: Object to form.
10	these drugs that made them that you were asked to	10	BY MR. GOLDBERG:
11	assume made them adulterated?	11	Q You were asked to make that
12	A Again, the basis of adulteration and	12	assumption?
13	misbranding is detailed in the complaint. And the	13	MR. HONIK: Object to the form.
14	definition of "adulterated" and "misbranded" is also	14	BY MR. GOLDBERG:
15	outlined in the complaint, and is also outlined in	15	Q Correct?
16	my report in later paragraphs.	16	A I was asked to make that assumption,
17	COURT REPORTER: Is also outlined in	17	correct, as outlined in the complaint and in the
18	my report	18	footnotes listed here.
19	MR. HONIK: In later paragraphs, she	19	Q If you go on to Paragraph 4 of your
20	said.	20	complaint of your report, sorry
21	COURT REPORTER: Thank you.	21	A That's okay.
22	MR. GOLDBERG: Counsel, Counsel,	22	Q The first few lines is where I'm
			•
23	there's no need for you to testify.	23	looking. It says, "The adulteration derives from
23 24		23 24	looking. It says, "The adulteration derives from the defendant manufacturers' allowance of chronic
	there's no need for you to testify. MR. HONIK: I'm not testifying. It's just that I heard her		

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1	at-issue valsartan products."	1	looked at and relied upon in reaching your opinions
2	What did you mean by "chronic and	2	that's listed here; is that correct?
3	pervasive deficiencies"?	3	A I don't think that's accurate, because
4	A My understanding is that there were	4	again, I am in as an expert in the regulation of
5	there are systematic failures of cGMP in the	5	the pharmaceutical industry, and in many other
6	manufacturing of the at-issue valsartan products by	6	contexts, I have spent a lot of time thinking about
7	the manufacturers.	7	the the requirements of manufacturers, that they
8	Q What are those systematic failures	8	need to meet, in order to meet cGMP, and also
9	that you're referring to?	9	violation of cGMP. I have also spent a lot of time
10	MR. HONIK: Objection, asked and	10	thinking about and thinking on adulteration and
11	answered.	11	misbranding of products, generally, in this
12	THE WITNESS: There there is my	12	industry.
13	understanding is that there are there are	13	So again, it's the materials relied
14	many of them, and those are outlined in the	14	upon or the ones listed here are the most germane t
15	complaint and also supporting FDA documents of		this specific matter. But my experience is also
16	cGMP violations that the manufacturers were	16	germane. That's in Attachment A.
17	cited for.	17	Q Okay. So my question was, the
18	BY MR. GOLDBERG:	18	documents that you relied upon to reach your
19	Q You wrote your report, correct?	19	opinions in this matter, leaving aside your
20	A I did.	20	experience and your general knowledge, but the
21	Q Okay. So when you wrote "chronic and	21	specific documents that you relied upon to reach
22	pervasive deficiencies," what were you what were	22	your opinions in this matter, are set forth in
23	you documenting? What chronic and pervasive	23	Attachment B, correct?
24	MR. HONIK: Objection, asked and	24	MR. HONIK: Object to the form, asked
25	answered.	25	and answered.
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1	BY MR. GOLDBERG:	1	THE WITNESS: I don't I mean,
2	Q What chronic and pervasive	2	again, I don't quite understand the distinction
3	deficiencies were you referring to?	3	you're making. So again, my expertise and
4	MR. HONIK: Object to form, asked and	4	experience in the regulation of this industry
5	answered.	5	informs everything I do, including the opinions
6	THE WITNESS: The ones that are	6	that and the calculations that I performed
7	referred to in the complaint at issue in this	7	in this matter.
8	matter.	8	Attachment A provides my CV, which has
9	BY MR. GOLDBERG:	9	an extensive list of things that I have
10	Q Any others?	10	published on this industry. But Attachment B
11	A No.	11	is enumerating the materials that I
12	Q Could you I I should have done	12	specifically relied on in this matter. But I
13	this before, but if you could look at Attachment B	13	don't see how I could distinguish between my
14	to your report, which is up on the screen, as well,	14	experience generally in this industry and the
15	this this this attachment says, "Materials	15	materials that I relied on.
16	relied upon." Did you prepare this attachment?	16	BY MR. GOLDBERG:
17	A My staff, under my direction, prepared	17	Q Well, you just you did, because
18	this document.	18	this document says, "Materials Relied Upon." So
19	Q And is it fair to say that these were	19	you're making a distinction between your CV and t
20	the materials you relied upon in reaching your	20	materials that you relied upon, right?
21	opinions?	21	A No, you are. No, you are. What I'm
22	A In addition to my expertise and my	22	saying is my experience informs the materials that
23	experience in this matter or my experience in	23	relied upon, by definition. I mean, I I know a
24	this industry.	24	lot about cGMP and the regulation of the
25	Q So there was a document that you	25	products
	2 Do more was a document that you	23	products ==

22 (Pages 82 - 85)

	Page 86		Page 88
1	Q Did you	1	in this case?
2	A Hold on, please, if I can finish.	2	A My understanding, again, of the
3	I know a lot about the regulation of	3	defendant experts in this case is that they have
4	these products in the U.S. market. But it's based	4	not they've produced reports, but they have not
5	upon my experience working on many different aspects	5	been deposed yet. So I don't see how I could read a
6	of this market. And it's many different products.	6	deposition if it hasn't occurred yet.
7	That informs the documents that were selected and	7	Q If you go back in your report to
8	thought about specifically or cited specifically in	8	Paragraph 4
9	my report.	9	A I'm sorry. I didn't hear you. I
10	Q Did you review any deposition	10	can't hear you.
11	testimony in reaching your opinions?	11	THE COURT REPORTER: Seth, I can't
12	A No.	12	hear you either.
13	Q Did you	13	MR. GOLDBERG: Sorry about that.
14	A As I hold on. As I understand	14	BY MR. GOLDBERG:
15	it	15	Q The third line refers to "a failure by
16	Q No. No. No. You answered the	16	the defendant manufacturers to implement quality
17	question.	17	assurance practices."
18	A No. No. No. I didn't answer.	18	Do you have any specific understanding
19	MR. HONIK: She has not finished her	19	of what those quality assurance practices were?
20	response. Do not interrupt the witness.	20	MR. HONIK: Objection, asked and
21	THE WITNESS: So, as I understand it,	21	answered.
22	the reports that were produced that mention my	22	THE WITNESS: So manufacturers who are
23	report, none of those people had been deposed	23	legally allowed to supply products to the
24	yet. So I would have liked to have seen their	24	pharmaceutical U.S. chains are required to
25	depositions, because some of it what they	25	attest to a very significant number of quality
-	Page 87		Page 89
1	say in the reports is confusing. But I have	1	assurance practices, which include but are not
2	not my understanding is they have not been	2	limited to the risk, assessment and mitigation
3	deposed yet.	3	of their of their product from end to end.
4	BY MR. GOLDBERG:	4	And there's also attestation of the practices
5	Q Did you review any depositions of any	5	that the firms are required to provide to
6	witnesses in reaching your opinions in this case?	6	the
7	A No. I mean, some of like I said,	7	THE COURT REPORTER: To the I'm
8	the ones that I would have liked to have reviewed, I	8	sorry. To the what?
9	wasn't able to because they haven't been deposed	9	THE WITNESS: Are required to provide
10		10	to the U.S. Food and Drug Administration, upon
11	Q So you haven't read a deposition of a	11	their initial application to get a license to
12	plaintiff in this case?	12	sell these products to the U.S. market, but
13	A No.	13	also over time. Yes, that's what I mean by
14		14	"quality assurance practices."
15	Q Or a plaintiffA I understand that the depositions	15	BY MR. GOLDBERG:
	haven't been done of the economic experts.	16	
16 17		17	Q Do you have any particular instances
	Q I'm asking you about the plaintiffs.		of quality assurance practices or the failure to
18	1	18	implement quality assurance practices as to any of
19	a deposition of a plaintiff in this case, correct?	19	the defendants in this case?
20	A I have not.	20	MR. HONIK: Object to form and asked
21	Q You haven't read the deposition of a	21	and answered.
22	class representative in this case?	22	THE WITNESS: Yes. They are detailed in the complete and they are also detailed in
23	A I have not.	23	in the complaint, and they are also detailed in
0.4	O A 1 1	0.4	41. FD 4 1
24 25	Q And you haven't read read the deposition of any defendant witnesses or employees	24 25	the FDA documents that are listed in detailing for each one of the defendants on the

23 (Pages 86 - 89)

	RESTRICTED C	ON	MIDENTIAL
	Page 90		Page 92
1	systematic	1	THE VIDEOGRAPHER: The time is 12:42.
2	THE COURT REPORTER: On the	2	We're back on the record.
3	systematic	3	BY MR. GOLDBERG:
4	THE WITNESS: And pervasive quality	4	Q I want you to listen to the questions
5	assurance.	5	I'm going to ask. I just want to you answer the
6	COURT REPORTER: Excuse me, Counsel.		questions I'm going to ask. Okay?
7	One second. Let me see if I can turn my volume	7	The binder that the binder that you
8	up.	8	have in front of you now
9	THE VIDEOGRAPHER: Mr. Goldberg, I	9	A Correct.
10	think the the paper shuffling may be	10	Q you did not provide that binder to
11	distracting a little bit.	11	your counsel before today, correct?
12	THE WITNESS: Correct. It's very hard	12	MR. HONIK: Object to the form of the
13	to hear.	13	question.
14	COURT REPORTER: Okay. I put my	14	THE COURT REPORTER: What was your
15	volume up.	15	answer?
16	BY MR. GOLDBERG:	16	THE WITNESS: I mean, I did not I,
17	Q Did you review any document that	17	me, provide it. It's the complaint and the
18	that detailed for you a failure to implement quality	18	backup and some of the documents listed in the
19	assurance practices by the defendant manufacturers?	19	complaint. The complaint is listed in my
20	MR. HONIK: Object to form, asked and	20	Attachment B, and the documents that are
21	answered.	21	related specifically to inspection reports,
22	THE WITNESS: Yes. The complaint	22	FDA, failure notices to the to each of the
23	details systematic and pervasive deficiency	23	manufacturers are just the complaint. They're
24	in in the cGMP. And then there are FDA	24	just the backup to the complaint.
25	documents that are supportive of that for each	25	
	Page 91		Page 93
1	of the defendant manufacturers that details	1	BY MR. GOLDBERG:
2	many different deficiencies in cGMP.	2	Q Okay. I understand.
3	BY MR. GOLDBERG:	3	So you're saying you looked at the
4	Q Which FDA documents	4	complaint and the exhibits to the complaint?
5	A Hold on. In the manufacturing of	5	A Correct.
6	these products.	6	Q That's what is in that binder?
7	Q Which FDA documents are you referring	7	A Yes. And specifically, I reviewed
8	to?	8	the the backup material that the complaint
9	A Hold on a second. We were just	9	references related to the systematic and
10	looking at the materials relied upon. I think it's	10	persuasive [sic] failures of cGMP for each of the
11	in Attachment B.	11	defendants.
12	So there's the complaint and	12	So I'm gonna say this incorrectly
13	then and I don't see it assessed here, but I	13	again, Zhejiang Huahai
14	have a binder of FDA documents that are specific to	14	Q You don't have to you don't have to
15	each one of the manufacturers that I have reviewed	15	name the defendants. We know who they are.
16	that are related to the at-issue products here.	16	A Okay. No, I'm just telling you I'm
17	Q What binder are you referring to?	17	saying to you, not the defendants, but for the
18	A I'm happy to get it if you can just	18	specific documents related to cGMP violations, the
19	give me a second.	19	products that I looked the manufacturers that I
20	MR. GOLDBERG: Let's go off the	20	looked at were Zhejiang
21	record.	21	MR. HONIK: You can say ZHP. ZHP.
22	THE VIDEOGRAPHER: The time is 12:42		THE WITNESS: ZHP. Thank you.
23	We're going off the record.	23	ZHP and the FDA warning letters
24 25	(Whereupon, a discussion was held off	24	related to that. Mylan, in multiple ways, and
	the record.)	25	Aurobindo, Torrent, Hetero and Lantech.

24 (Pages 90 - 93)

,	Page 94	1	Page 96
1	THE COURT REPORTER: What was the last	1	
2	one?	$\begin{vmatrix} 2 \\ 3 \end{vmatrix}$	A Yes.
3	THE WITNESS: And Lantech. BY MR. GOLDBERG:	4	Q Were there any particular reasons that you were asked to assume that are listed here?
4		5	MR. HONIK: Object to the form of the
5	Q Yes or no, the documents that you	-	
6	relied on for the pervasive deficiencies that you referred to, are the complaint and the exhibits	6 7	question. THE WITNESS: All of them. So the
7	•	8	my I was hold on.
8	attached to the complaint?	9	MR. HONIK: She's responding to your
9 10	MR. HONIK: Object to the form, asked and answered.	10	question. Please stop interrupting her.
11	THE WITNESS: Okay. So I have	11	THE WITNESS: So I thank you.
12	answered your question a bunch of times. So	12	I was asked to assume these products
13	again, there's	13	were misbranded. This paragraph, Paragraph 23
14	MR. GOLDBERG: I'm going to strike	14	in my report, lists the definition of
15	the I'm going to withdraw the question.	15	"misbranding" according to the
16	Counsel, we're going to off the record.	16	Food and Drug Administration. And the
17	THE VIDEOGRAPHER: The time is 12:46.	17	definition is inclusive.
18		18	BY MR. GOLDBERG:
19	We are going off the record. (Whereupon, a discussion was held off	19	Q So you were asked to assume that all
20	the record.)	20	of these particular reasons that a drug can be
21	MR. HONIK: Let's proceed on the	21	misbranded applied to the valsartan in this case?
22	stenographic record. Are we off the video	$\begin{vmatrix} 21\\22\end{vmatrix}$	MR. HONIK: Objection to form.
23	record?	23	THE WITNESS: That is that is a
24	THE VIDEOGRAPHER: We are off the	24	mischaracterization of my testimony. I was
25	video.	25	asked to assume that these products at issue
23		23	<u> </u>
1	Page 95	1	Page 97
1	MR. HONIK: Okay. Before we go back	$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	were misbranded. And paragraph 23 is providing
2	on the video, is there anything else you need	$\begin{vmatrix} 2 \\ 3 \end{vmatrix}$	a definition by the FDA of what "misbranded" means.
3	to say, Seth? I don't want to waste more time.	4	BY MR. GOLDBERG:
5	MR. GOLDBERG: Well, you want me to	4	DI MR. GOLDBERG.
	nut it on the record so I'm going to	5	And my particular quarties is were
1 6	put it on the record, so I'm going to.	5	Q And my particular question is, were
6	MR. HONIK: That's fine. Do you want	6	you asked to assume that any of these particular
7	MR. HONIK: That's fine. Do you want it on the video record?	6 7	you asked to assume that any of these particular reasons occurred with respect to the at-issue
7 8	MR. HONIK: That's fine. Do you want it on the video record? MR. GOLDBERG: Sure.	6 7 8	you asked to assume that any of these particular reasons occurred with respect to the at-issue valsartan products?
7 8 9	MR. HONIK: That's fine. Do you want it on the video record? MR. GOLDBERG: Sure. MR. HONIK: Okay. Queue us, please,	6 7 8 9	you asked to assume that any of these particular reasons occurred with respect to the at-issue valsartan products? MR. HONIK: Object to the form, asked
7 8 9 10	MR. HONIK: That's fine. Do you want it on the video record? MR. GOLDBERG: Sure. MR. HONIK: Okay. Queue us, please, Justin.	6 7 8 9 10	you asked to assume that any of these particular reasons occurred with respect to the at-issue valsartan products? MR. HONIK: Object to the form, asked and answered.
7 8 9 10 11	MR. HONIK: That's fine. Do you want it on the video record? MR. GOLDBERG: Sure. MR. HONIK: Okay. Queue us, please, Justin. THE VIDEOGRAPHER: The time is 12:48.	6 7 8 9 10 11	you asked to assume that any of these particular reasons occurred with respect to the at-issue valsartan products? MR. HONIK: Object to the form, asked and answered. THE WITNESS: I was asked to assume
7 8 9 10 11 12	MR. HONIK: That's fine. Do you want it on the video record? MR. GOLDBERG: Sure. MR. HONIK: Okay. Queue us, please, Justin. THE VIDEOGRAPHER: The time is 12:48. We're back on the record.	6 7 8 9 10 11 12	you asked to assume that any of these particular reasons occurred with respect to the at-issue valsartan products? MR. HONIK: Object to the form, asked and answered. THE WITNESS: I was asked to assume that the at-issue valsartan products were
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25 (Pages 94 - 97)

Page 98 1 regulation of pharmaccutical industry, there is 2 a particular definition of misbranding that the 2 2 MR. HONIK: No. 3 MR. GOLDBERG: Counsel, let me just start the term "misbranded" is specific to the U.S. Food and Drug Administration's 6 definition. And the definition is listed here 8 and is inclusive. 9 BY MR. GOLDBERG: 10 Q Youyou understand that a 11 misbranding can occur for any one of these reasons, 12 right? 13 A Again, I was asked to assume that 14 these products were misbranded. 15 The definition of "misbranding" by the 16 U.S. Food and Drug Administration is provided here, 17 and it's inclusive. 16 U.S. Food and Drug Administration's provided here, 17 and it's inclusive. 17 quality inclusive. 18 Q So you don't agree with my question? 19 You don't agree with my question? 19 You don't agree with my question? 10 U.S. Food and Drug Administration is provided here, 20 listed in 20 - in Paragraph 23 could be a reason 21 it is stated here. In my Paragraph 23 of my 2 report, it says, "Reasons that the FDA deems a drug as misbranded include, but are not limited to." and then it enumerates the specifics. Id be happy to go on and provide those 6 specifies 9 MR. HONIK: Don't interrupt the winess. Don't interrupt the winess. On't interrupt th				
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26 (Pages 98 - 101)

	Page 102		Page 104
1	definition of "misbranded" is inclusive.	1	BY MR. GOLDBERG:
2	BY MR. GOLDBERG:	2	Q So you were asked to assume the drugs
3	Q Let's try it like this: Which	3	were adulterated based on all of the different
4	which of these enumerated factors of misbranding	4	factors the FDA might consider a drug adulterated?
5	apply to the at-issue products the at-issue	5	MR. HONIK: Object to the form.
6	valsartan products?	6	BY MR. GOLDBERG:
7	MR. HONIK: Objection, asked and	7	Q Those listed those listed here and
8	answered and outside the scope of her report.	8	those that are not listed here?
9	You may respond.	9	MR. HONIK: Object to the form, asked
10	THE WITNESS: I was asked to assume	10	and answered.
11	these products were misbranded, and and	11	THE WITNESS: Again, I was so any
12	again, that the definition of "misbranded" was	12	one of these factors can make a product
13	inclusive of all, but but not limited to	13	adulterated in the view of the FDA, just like
14	these factors.	14	any one of these factors could be considered
15	BY MR. GOLDBERG:	15	would make a product misbranded, according to
16	Q So you weren't asked to assume any	16	Paragraph 23 and and beyond.
17	particular fact any particular reason for	17	I was asked to assume that these
18	misbranding. You were just asked to assume	18	products are considered to be adulterated and
19	misbranding based on the definition of	19	misbranded according to the FDA's definition,
20	"misbranding"?	20	which is inclusive of all of the factors
21	MR. HONIK: Object to form, asked and	21	listed, both in my report and alluded to and
22	answered.	22	alluded to as additional.
23	BY MR. GOLDBERG:	23	BY MR. GOLDBERG:
24	Q And	24	Q Let's turn back to Paragraph 6 of your
25	COURT REPORTER: I'm sorry. I didn't	25	report. It's on Page 3 of your report.
	Page 103		Page 105
1	hear a response.	1	Here you say and I'm looking in the
2	THE WITNESS: Correct.	2	middle of the paragraph "Prescription drugs that
3	COURT REPORTER: Thank you.	3	are adulterated and misbranded are neither
4	BY MR. GOLDBERG:	4	recognized by the United States government as
5	Q And if you if you look at the	5	legitimate products to be sold by manufacturers nor
6	the immediately preceding paragraph, Paragraph 22,	6	
7		0	paid for by payors; nor are they considered
	you provide the reasons the FDA deems a drug	7	paid for by payors; nor are they considered legitimate products by the pharmaceutical industry."
8	you provide the reasons the FDA deems a drug adulterated, correct?		- · · · · · · · · · · · · · · · · · · ·
8 9		7	legitimate products by the pharmaceutical industry."
	adulterated, correct?	7 8	legitimate products by the pharmaceutical industry." What do you mean by "legitimate products"? A I mean that a product that does not
9	adulterated, correct? A I no. That is not what the	7 8 9 10	legitimate products by the pharmaceutical industry." What do you mean by "legitimate products"?
9 10	adulterated, correct? A I no. That is not what the paragraph states. The paragraph states the reasons	7 8 9 10	legitimate products by the pharmaceutical industry." What do you mean by "legitimate products"? A I mean that a product that does not
9 10 11	adulterated, correct? A I no. That is not what the paragraph states. The paragraph states the reasons the FDA deems a drug adulterated to include, but not	7 8 9 10 11	legitimate products by the pharmaceutical industry." What do you mean by "legitimate products"? A I mean that a product that does not meet cGMP regulations cannot be entered into the
9 10 11 12	adulterated, correct? A I no. That is not what the paragraph states. The paragraph states the reasons the FDA deems a drug adulterated to include, but not be limited to factors that are listed here. Q And is the same true with respect to adulteration, that you were asked to assume the	7 8 9 10 11 12	legitimate products by the pharmaceutical industry." What do you mean by "legitimate products"? A I mean that a product that does not meet cGMP regulations cannot be entered into the legal class of trade into the United States
9 10 11 12 13	adulterated, correct? A I no. That is not what the paragraph states. The paragraph states the reasons the FDA deems a drug adulterated to include, but not be limited to factors that are listed here. Q And is the same true with respect to adulteration, that you were asked to assume the drugs were adulterated based on the definition of	7 8 9 10 11 12 13	legitimate products by the pharmaceutical industry." What do you mean by "legitimate products"? A I mean that a product that does not meet cGMP regulations cannot be entered into the legal class of trade into the United States pharmaceutical trade. That means that pharmacies
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9 10 11 12 13 14 15	adulterated, correct? A I no. That is not what the paragraph states. The paragraph states the reasons the FDA deems a drug adulterated to include, but not be limited to factors that are listed here. Q And is the same true with respect to adulteration, that you were asked to assume the drugs were adulterated based on the definition of	7 8 9 10 11 12 13 14 15	legitimate products by the pharmaceutical industry." What do you mean by "legitimate products"? A I mean that a product that does not meet cGMP regulations cannot be entered into the legal class of trade into the United States pharmaceutical trade. That means that pharmacies can't sell products that don't meet cGMP practices and standards, and nor can and nor do payors pay
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9 10 11 12 13 14 15 16 17 18 19 20 21 22	adulterated, correct? A I no. That is not what the paragraph states. The paragraph states the reasons the FDA deems a drug adulterated to include, but not be limited to factors that are listed here. Q And is the same true with respect to adulteration, that you were asked to assume the drugs were adulterated based on the definition of "adulterated" as we see it here? MR. HONIK: Object to form. THE WITNESS: The FDA has a very specific definition of "adulteration," which is listed here, but again, it's inclusive. I was asked to assume that adulteration that the use of the term "adulteration" in the in the	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	legitimate products by the pharmaceutical industry." What do you mean by "legitimate products"? A I mean that a product that does not meet cGMP regulations cannot be entered into the legal class of trade into the United States pharmaceutical trade. That means that pharmacies can't sell products that don't meet cGMP practices and standards, and nor can and nor do payors pay for product COURT REPORTER: And nor do payors THE WITNESS: Pay for products that do not meet cGMP. BY MR. GOLDBERG: Q Is it is it the fact that there's a cGMP violation that makes the product not

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		_	
1	Page 106	1	Page 108 THE WITNESS: That is not my
1	8	$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	•
$\begin{vmatrix} 2 \\ 3 \end{vmatrix}$	MR. HONIK: Object to form, asked an answered.	$\frac{2}{3}$	testimony, sir. BY MR. GOLDBERG:
4	THE WITNESS: Violation of cGMP.	$\begin{vmatrix} 3 \\ 4 \end{vmatrix}$	Q So a product that has a cGMP violation
5	Remember and and also just to	5	could be a legitimate product, in your view?
6	make sure that I understand your question,	6	MR. HONIK: Object to the form, asked
7	payors pay for products, consumers and	7	and answered, beyond the scope.
8	insurers, right? Pharmacies may stock products	8	THE WITNESS: Again thank you.
9	for sale.	9	Again, pharmacy manufacturers cannot
10	BY MR. GOLDBERG:	10	enter their products into the U.S the
11	Q Is it your understanding that any cGMP	11	closed U.S. chain of pharmaceutical products
12	violation would make a product not legitimate?	12	sold, bought, insured, consumed and by
13	MR. HONIK: Object to form, outside	13	pharmacies, et cetera, if they do not meet
14	the scope of her report.	14	cGMPs both upon launch they can't actually
15	You may answer.	15	enter the U.S. market, and they can't sell over
16	THE WITNESS: Manufacturers must	16	time unless they make the attestation that
17	attest to their compliance with cGMP practices	17	their products are cGMP compliant.
18	in order to enter their products into the U.S.	18	BY MR. GOLDBERG:
19	class of trade and then throughout the	19	Q Is it your testimony that products
20	pharmaceutical supply chain, both as a	20	produced by a manufacturer where there are cGMP
21	condition of sale into the U.S. and then	21	violations cannot be sold in the U.S.?
22	yearly.	22	MR. HONIK: Object to the form, asked
23	BY MR. GOLDBERG:	23	and answered.
24	Q Okay. Is it is it your	24	THE WITNESS: Okay. Again, a
25	understanding that any cGMP violation would make the	25	pharmaceutical manufacturer cannot
-			<u> </u>
1	Page 107	1	Page 109 BY MR. GOLDBERG:
$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	product not legitimate? MR. HONIK: Object to form.	2	Q My question is a yes or no question.
3	BY MR. GOLDBERG:	3	MR. HONIK: You're interrupting the
4	Q In your view?	4	witness.
5	MR. HONIK: Object to form, asked and	5	MR. GOLDBERG: I am because my
6	answered, beyond the scope.	6	question is yes or no question.
7	THE WITNESS: So, again again, my	7	· · · · · · · · · · · · · · · · · · ·
8		/	MR HUMIK: The witness is nermitted
	understanding is that pharmaceutical	Q	MR. HONIK: The witness is permitted
0	understanding is that pharmaceutical	8	to answer it in whatever manner she believes is
10	manufacturers that want to sell their product	9	to answer it in whatever manner she believes is appropriate. You have interrupted her.
10	manufacturers that want to sell their product into the closed pharmaceutical chain in the	9 10	to answer it in whatever manner she believes is appropriate. You have interrupted her. MR. GOLDBERG: Actually actually,
10 11	manufacturers that want to sell their product into the closed pharmaceutical chain in the United States must attest that their products	9 10 11	to answer it in whatever manner she believes is appropriate. You have interrupted her. MR. GOLDBERG: Actually actually, that's not what happens under the rules in this
10 11 12	manufacturers that want to sell their product into the closed pharmaceutical chain in the United States must attest that their products meet cGMP. But when they first enter and	9 10 11 12	to answer it in whatever manner she believes is appropriate. You have interrupted her. MR. GOLDBERG: Actually actually, that's not what happens under the rules in this case. If it's a yes or no question, the
10 11 12 13	manufacturers that want to sell their product into the closed pharmaceutical chain in the United States must attest that their products meet cGMP. But when they first enter and launch into the market, that's a conditional on	9 10 11 12 13	to answer it in whatever manner she believes is appropriate. You have interrupted her. MR. GOLDBERG: Actually actually, that's not what happens under the rules in this case. If it's a yes or no question, the witness should say yes or no and then qualify
10 11 12 13 14	manufacturers that want to sell their product into the closed pharmaceutical chain in the United States must attest that their products meet cGMP. But when they first enter and launch into the market, that's a conditional on launch that their launch is conditional on	9 10 11 12 13 14	to answer it in whatever manner she believes is appropriate. You have interrupted her. MR. GOLDBERG: Actually actually, that's not what happens under the rules in this case. If it's a yes or no question, the witness should say yes or no and then qualify their answer if need be.
10 11 12 13 14 15	manufacturers that want to sell their product into the closed pharmaceutical chain in the United States must attest that their products meet cGMP. But when they first enter and launch into the market, that's a conditional on launch that their launch is conditional on that attestation. And then annually	9 10 11 12 13 14 15	to answer it in whatever manner she believes is appropriate. You have interrupted her. MR. GOLDBERG: Actually actually, that's not what happens under the rules in this case. If it's a yes or no question, the witness should say yes or no and then qualify their answer if need be. MR. HONIK: Yeah. Whatever you
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10 11 12 13 14 15 16 17 18 19 20	manufacturers that want to sell their product into the closed pharmaceutical chain in the United States must attest that their products meet cGMP. But when they first enter and launch into the market, that's a conditional on launch that their launch is conditional on that attestation. And then annually thereafter. THE COURT REPORTER: And then annually, they're THE WITNESS: Thereafter. COURT REPORTER: Okay.	9 10 11 12 13 14 15 16 17 18 19 20	to answer it in whatever manner she believes is appropriate. You have interrupted her. MR. GOLDBERG: Actually actually, that's not what happens under the rules in this case. If it's a yes or no question, the witness should say yes or no and then qualify their answer if need be. MR. HONIK: Yeah. Whatever you believe is is fine, Seth. You're not to interrupt her. If you persist in interrupting her, then we'll have to stop the deposition. But as far as I can see, you have asked her the same question a half dozen times. She's
10 11 12 13 14 15 16 17 18 19 20 21	manufacturers that want to sell their product into the closed pharmaceutical chain in the United States must attest that their products meet cGMP. But when they first enter and launch into the market, that's a conditional on launch that their launch is conditional on that attestation. And then annually thereafter. THE COURT REPORTER: And then annually, they're THE WITNESS: Thereafter. COURT REPORTER: Okay. BY MR. GOLDBERG:	9 10 11 12 13 14 15 16 17 18 19 20 21	to answer it in whatever manner she believes is appropriate. You have interrupted her. MR. GOLDBERG: Actually actually, that's not what happens under the rules in this case. If it's a yes or no question, the witness should say yes or no and then qualify their answer if need be. MR. HONIK: Yeah. Whatever you believe is is fine, Seth. You're not to interrupt her. If you persist in interrupting her, then we'll have to stop the deposition. But as far as I can see, you have asked her the same question a half dozen times. She's she's being quite level with you in responding.
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10 11 12 13 14 15 16 17 18 19 20 21 22 23	manufacturers that want to sell their product into the closed pharmaceutical chain in the United States must attest that their products meet cGMP. But when they first enter and launch into the market, that's a conditional on launch that their launch is conditional on that attestation. And then annually thereafter. THE COURT REPORTER: And then annually, they're THE WITNESS: Thereafter. COURT REPORTER: Okay. BY MR. GOLDBERG: Q So it's your testimony that any cGMP	9 10 11 12 13 14 15 16 17 18 19 20 21 22	to answer it in whatever manner she believes is appropriate. You have interrupted her. MR. GOLDBERG: Actually actually, that's not what happens under the rules in this case. If it's a yes or no question, the witness should say yes or no and then qualify their answer if need be. MR. HONIK: Yeah. Whatever you believe is is fine, Seth. You're not to interrupt her. If you persist in interrupting her, then we'll have to stop the deposition. But as far as I can see, you have asked her the same question a half dozen times. She's she's being quite level with you in responding. I'm protecting the record.

28 (Pages 106 - 109)

	RESTRICTED		
	Page 110		Page 112
1	` 1 ' 1	1	MR. GOLDBERG: Why don't we
2	• ,	2	THE WITNESS: I think there's a
3	•	3	pending question. Would you like me the answer
4	ÿ	4	it?
5	1 /	5	MR. GOLDBERG: No, I will withdraw
6		6	that. I can withdraw that question.
7		7	THE WITNESS: Okay. May I ask I'm
8	1	8	not sure what time it is in the real world.
9		9	MR. HONIK: It's 1:12 p.m. Is this a
10	, , , , , , , , , , , , , , , , , , ,	10	good time to break for lunch, Dr. Conti?
11	•	11	MR. GOLDBERG: Sure.
12		12	THE WITNESS: That would be great.
13	•	13	Thank you.
14	e i	14	MR. HONIK: And for your comfort, how
15	•	15	much time would you like?
16	e	16	THE WITNESS: Can we have half an
17		17	hour, please?
18	, ,	18	MR. HONIK: Yes. So we'll resume at
19	,	19	1:45.
20	1	20	THE WITNESS: Thank you.
21	1	21	THE VIDEOGRAPHER: The time is 1:13.
22	3	22	This ends Media Unit Number 2. We're going of
23	answered and beyond the scope.	23	the record.
24	7 1	24	(Whereupon, a lunch recess was taken.)
25	THE WITNESS: Again	25	THE VIDEOGRAPHER: The time is 1:53.
	Page 111		Page 113
1	MR. GOLDBERG: When you say "beyond	1	This begins Media Unit Number 3. We're back on
2	the scope" can I just get a clarification	2	the record.
3	counsel? When you say "beyond the scope," what	3	BY MR. GOLDBERG:
4	do you mean?	4	Q Dr. Conti, if you look at Paragraph 6
5	MR. HONIK: Happily. You've	5	of your report
6	established that Dr. Conti was retained to	6	A Just one second. Let me get it.
7	provide opinions and calculations regarding the	7	Okay.
8	injury and damages incurred by classes of	8	Q The last sentence in this paragraph,
9	consumers and end-payors in this matter.	9	you use the phrase, "non-product status." What do
10	To do so, she was assigned she must	10	you mean by "non-product status"?
11	assign an economic value to prescription drugs	11	A Only prescription drugs only
12	that were adulterated and misbranded, two terms	12	products that have met the evidentiary standard for
13	-	13	cGMP, in addition to safety and efficacy, are
14		14	allowed to be sold into the U.S. market trade.
15		15	So products that do not meet that
16	deposed. And I'm merely pointing out to you	16	standard of being manufactured to good manufacturing
17	that if you want to drill down on cGPM	17	practices or according to good manufacturing
18	standards beyond what Dr. Conti, as a health	18	practices, plus are safe and efficacious, are
19	economist, needs to know, I think you're	19	allowed to be sold into the into the U.S. product
1	wasting time.	20	market. Those that do not meet that standard are
20	wasting time.		
	•	21	not are not according according to the
20	But more importantly, it's beyond the		not are not according according to the U.S. Food and Drug Administration, would be not
20 21	But more importantly, it's beyond the scope of her expertise and her report, which	21	
20 21 22	But more importantly, it's beyond the scope of her expertise and her report, which you, yourself, established about two hours ago.	21 22	U.S. Food and Drug Administration, would be not

29 (Pages 110 - 113)

	RESTRICTED C	CON	IFIDENTIAL
	Page 114		Page 116
1	term by each of those terms?	1	efficacious as as attested to in the drug's
2	A All right. Again, this is a this	2	manufacturing report to the
3	is one of the most highly regulated consumer product	3	Food and Drug Administration.
4	markets, and so the FDA has very specific	4	BY MR. GOLDBERG:
5	definitions of "safety" and "efficacy."	5	Q So products that have such an
6	What I mean here is that the product	6	attestation have value, right?
7	is judged to be safe and efficacious according to	7	MR. HONIK: Object to form.
8	the U.S. Food and Drug Administration's rules.	8	THE WITNESS: You mischaracterized my
9	Q You don't have an independent	9	testimony.
10	understanding of safety and efficacy? It's just	10	BY MR. GOLDBERG:
11	based on what the FDA would determine to be safe and	11	Q I'm asking you a question. Products
12	effective?	12	that have the attestation you described have value,
13	MR. HONIK: Object to the form.	13	correct?
14	THE WITNESS: For my purposes in this	14	MR. HONIK: Object to form.
15	report, correct. The definitions I'm using of	15	THE WITNESS: Okay. Again,
16	safety and efficacy and meeting cGMP are those	16	prescription pharmaceutical manufacturers
17	that relate to the	17	are not allowed to sell products into the U.S.
18	Food and Drug Administration's definitions.	18	market that are not produced in a manner of
19	BY MR. GOLDBERG:	19	cGMP compliant, plus are safe and efficacious
20	Q If you scroll down or if you go	20	as judged by the Food and Drug Administration.
21	down to Paragraph 7 I know you have a hard copy	21	There is a long and very complicated
22	in front of you. The last sentence of this	22	route for a product to be judged, a drug, a
23	paragraph, you say, "Prescription drugs that are	23	prescription drug, that is allowed to be
24	adulterated and misbranded have no economic value.	24	entered into the U.S. class of trade.
25	They are worthless."	25	Manufacturers have to meet all of those
	<u> </u>		
1	Page 115	1	Page 117 standards, both in terms of attestation in
$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	What do you mean by "worthless"? A I mean this is in	$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	other words, they can say these things, but
$\frac{2}{3}$	COURT REPORTER: You mean this in	3	they but they are also judged by the
	THE WITNESS: Thank you.	4	regulator itself about whether or not these
5	I mean this in in economic sense,	5	things are actually
6	that there is no legitimate supply curve of	6	THE COURT REPORTER: Are actually
7	products of products that do not meet the	7	THE WITNESS: True.
8	standard of cGMP in addition to being	8	BY MR. GOLDBERG:
9	THE COURT REPORTER: In addition to	9	
10	being	10	Q So products that are sold with that attestation have value?
11	THE WITNESS: Judged safe and	11	MR. HONIK: Object to form, asked and
12	efficacious by the	12	answered.
13	Food and Drug Administration.	13	THE WITNESS: Okay. Again, it's not
14	BY MR. GOLDBERG:	14	just the attestation that matters. The U.S.
15	Q Is it is it your view that there's	15	regulator requires that any products that want
16	no degree of adulteration when it comes to	16	to be sold into the U.S. market that is going
17	worthlessness and that all adulterated drugs, for	17	to be considered a prescription drug, must be
18	any reason, are worthless?	18	produced in accordance with cGMP and be safe
19	MR. HONIK: Object to form.	19	and efficacious. And the manufacturer just
20	THE WITNESS: So my understanding is	20	can't just say that. They actually have to
21	that in order to be allowed to be sold into the	21	prove it to the regulator.
$\begin{vmatrix} 21\\22\end{vmatrix}$	U.S. supply chain of prescription drugs, the	$\begin{vmatrix} 21\\22\end{vmatrix}$	It is in that meaning that I mean that
23	manufacturer needs to attest that these	23	those products have value. In other words,
23	manufacturer needs to attest that these	23	those products have value. In other words,

30 (Pages 114 - 117)

way, which is products have value. There is a

products that -- I can say it in a different

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24

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minimum, and in addition, are safe and

products are manufactured according to cGMP, at 24

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	KESTRICTED C		(11221 (11112)
	Page 118		Page 120
1	legitimate supply curve if and only if they are	1	hold on. It's actually on the manufacturer to
2	produced according to cGMP and are safe and	2	ensure that that product is what it says it is on
3	efficacious, both by attestation and by	3	the product's on the product's label.
4	proof by empirical proof.	4	BY MR. GOLDBERG:
5	BY MR. GOLDBERG:	5	Q Okay. So you you seem to be
6	Q If the FDA is permitting those	6	emphasizing the word "enter." Is there some
7	products to be sold, they have value?	7	particular emphasis you're putting on that?
8	A For prescription drugs, drugs that are	8	A I don't I'm not sure what you mean
9	actually called "drugs" by the	9	by that question.
10	Food and Drug Administration, they and are sold	10	Q You keep saying the FDA will not
11	at pharmacies, and dispensed to American patients by	11	allow a manufacturer cannot you you what
12	physicians or by pharmacy chains, those products	12	you said is drugs cannot enter into the U.S. class
13	must meet the evidentiary standard of, they are	13	of trade without meeting the evidentiary standard.
14	produced according to cGMP, they are not adulterated	14	What do you mean by "enter into the U.S. class of
15	or misbranded, and they are safe and efficacious,	15	trade"?
16	for the for the disease specific indication	16	A I mean they are not allowed to be sold
17	that the Food and Drug Administration approves that	17	into the U.S. market without meeting the evidentiary
18	product for.	18	standard of being produced, at minimum, by cGMP and
19	COURT REPORTER: I'm sorry. The	19	meeting other evidentiary standards, as well.
20	Food and Drug Administration	20	Q So what are the evidentiary standards
21	THE WITNESS: Approves that product to	21	that you're referring to? You have cGMP violations.
22	be sold for or used for.	22	A I'm confused.
23	BY MR. GOLDBERG:	23	Q You used the phrase "evidentiary
24	Q So if the FDA has permitted	24	standard" in the four in your last four answers.
25	if permitted prescription drugs to be sold at	25	What are the evidentiary standards you're referring
	Page 119		Page 121
1	pharmacies, you would agree that those drugs have a	1	_
2	value?	2	MR. HONIK: Object to form, asked and
3	MR. HONIK: Object to form, asked and	3	answered and beyond the scope of her report.
4	answered.	4	THE WITNESS: Okay. So you can look
5	THE WITNESS: Well, wait. So it's not	5	at Paragraph 6 of my report, "Federal law, as
6	just that. So again, according to the	6	codified by regulations of the
7	regulator, a prescription drug is not allowed	7	Food and Drug Administration, mandates that
8	to enter into the U.S. class of trade, sold to	8	prescription drugs be produced in accordance
9	a consumer, covered by a manufacturer or by	9	with cGMP to ensure that the drugs meet the
10	an insurer, unless they meet the evidentiary	10	legal requirements of safety and that they have
11	standard of of being produced in accordance	11	the quality, purity, identity and strength they
12	with cGMP at a minimum, and meet other	12	are represented to conduct."
13	requirements, as well.	13	That's what I mean by the evidentiary
14	_	14	standard of being sold into the U.S. or being
15	Q Are you aware of any instance where a	15	legitimate products.
16	· · · · · · · · · · · · · · · · · · ·	16	BY MR. GOLDBERG:
17	you put it, cGMP requirements?	17	Q Let's take each one of those. What do
18	A Again, drugs cannot enter into the	18	you understand the term "quality," as you've used
19		19	it, to mean?
20		20	A Quality is a process, from the
21	approve a drug to enter into the U.S. class of trade	21	U.S. Food and Drug Administration's perspective, so
1	without meeting the evidentiary standard and the	22	the print is both what it says it is, but it's also
23		23	manufactured in a process that is a quality
24		24	manufacturing process that meets cGMP.
25	It is actually on the manufacturer	25	Q What do you understand the term
1 23	it is actually on the manufacturer	123	2 That do Jou anderbuild the term

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	Page 122		Page 124
1	"purity" to mean, as you're using it?	1	And I am just confirming. So you're
2	A I mean, again, it's in accordance with	2	not thinking about it in terms of demand, you're
3	the Food and Drug Administration's definition of it.	3	thinking about it in terms of supply?
4	So purity, identity and strength are all the FDA's	4	A What is "it" in your question?
5	definition.	5	Q The the question of whether the
6	Q Okay. You're so you're when	6	drug is a drug is worthless?
7	you're using the term, you're really you're just	7	A So, again, from an economic
8	saying based on how the FDA defines these terms?	8	perspective, there is no legitimate supply curve for
9	A Yes.	9	a product that is adulterated and misbranded. That
10	Q Correct?	10	is by statute. Consumers can demand products that
11	A Exactly. Just like my use of the term	11	are illegal or illegitimate, but they're but a
12	"adulterated," my use of the term "misbranded," they	12	pharmacy can't sell a product that does not for
13	are all related to the U.S. government's definition	13	which the manufacturer has not met the evidentiary
14	inclusive of how these terms are actually being	14	standard and have been approved by the U.S.
15	being used.	15	regulator for use in that in that context.
16	Q How these terms are being written in	16	Q Do you have any I don't see it
17	the regulations, that's what you're referring to?	17	here. Did you cite to any economic treatise for the
18	A Correct.	18	notion that if there is there is no legitimate
19	Q I still want to understand. If a	19	supply curve for a product that is adulterated and
20	drug if a prescription drug is being sold so	20	misbranded?
21	there's a supply for it. And people are buying it,	21	A This is one of the most one of the
22	so there's a demand for it. Does it is it still	$\begin{vmatrix} 21\\22\end{vmatrix}$	most highly regulated consumer product markets
23	worthless if it doesn't meet some of these	23	that that exists in the United States. U.S.
24	evidentiary standards?	24	is maintains the gold standard for quality of its
25	MR. HONIK: Object to form.	25	prescription drug supply.
-	Page 123	-	Page 125
1	THE WITNESS: My statement is one	1	Every pharmaceutical manufacturer that
2	related to the supply curve, not the demand	$\frac{1}{2}$	sells products through to pharmacies and ultimately
3	curve. By definition, there is no supply of	3	to American consumers, knows what the rules are.
4	drugs of product that do not meet the	4	The rules are they must meet the evidentiary
5	definition of a "drug" according to the	5	standard of permitting to quality manufacturing and
6	Food and Drug Administration. In order for a	1	be safe and efficacious.
7	manufacturer to sell a product that meets the	7	From an economic standpoint, that
8	definition of the term "drug," it must meet the	8	it is meeting those regulations that allow there to
9	evidentiary standards of meeting and attesting	9	be a supply of a product. I don't need to you
10	to the cGMP production and be safe and	10	can't think about the supply curve of prescription
11	efficacious for the indicated use.	11	drugs without understanding what the regulation is
12	BY MR. GOLDBERG:	12	that allows them to be sold to the U.S. That's
13	Q So the demand you're you're not	13	your that's actually health economics 101.
14	considering demand in that analysis, you're focusing	14	Q Well, I'm trying to understand which
15	on	15	health economics 101 treatise or authority you're
16	THE COURT REPORTER: Can you repeat	16	citing for the notion that because in your view,
17	that question, please?	17	there's no legitimate supply curve, a drug is
18	BY MR. GOLDBERG:	18	worthless?
19	Q You're not considering demand in your	19	MR. HONIK: Object to form, asked and
20	analysis, you're focusing on the supply?	20	answered.
21	A In my analysis, I don't know what you	21	I'm sorry. Please answer, Dr. Conti.
100		100	THE WITNESS. Then

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32 (Pages 122 - 125)

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THE WITNESS: Thank you.

It's not my view. This is the U.S.

regulator's perspective. The U.S. regulator

does not -- does not view -- does not allow

You said, "My statement is related to

22 mean by my -- "in my analysis."

24 the supply curve, not the demand curve. By

25 definition, there is no supply of drugs."

23

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	Page 126		Page 128
1	drugs to be sold into the U.S. market that do	1	counsel, don't coach the witness. Don't
2	not meet the evidentiary standard. And it's	2	interfere.
3	prescription drug manufacturers themselves that	3	MR. HONIK: This witness needs to be
4	have wanted that standard to be as it is.	4	heard
5	And so I I mean, there's plenty of	5	MR. GOLDBERG: Counsel, don't say a
6	published literature that talks about this, the	6	word. The question is pending. Witness will
7	importance of the evidentiary standard to the	7	answer without your interruption. If you want
8	supply of these products, and I cite some of	8	to say objection, you can say objection.
9	that in my report. But every pharmaceutical	9	MR. HONIK: I will say as many words
10	manufacturer that is allowed to sell into the	10	as I deem appropriate
11	U.S. market knows what the standard is.	11	MR. GOLDBERG: If you want to say
12	BY MR. GOLDBERG:	12	objection to form, say it, but don't
13	Q You're you're not answering my	13	MR. HONIK: I will protect the record
14	question. My question is what economic support do	14	in the manner in which I see fit.
15	you have for the notion that, if there's no supply,	15	MR. GOLDBERG: No. You will interfere
16	the drug is worthless?	16	with the record.
17	MR. HONIK: Object to the form, asked	17	MR. HONIK: What I'm what I'm now
18	and answered.	18	trying to do, because I believe you've asked
19	THE WITNESS: This is economics 101.	19	the witness the same exact question 6, 7, maybe
20	If you go I'm more than happy to show you	20	10 times, is to clarify. And if and if
21	the picture. But there can be no price for a	21	you're asking a different question, then
22	product that does not have a demand curve	22	perhaps she can answer it differently. I'm
23	meeting a supply curve. There is no economic	23	simply trying to move things along.
24	price if there is no legitimate supply curve.	24	Is your question whether or not
25	There are plenty of economic textbooks	25	consumers, during the relevant period that
1	Page 127 that explain that an economic price is related	1	Page 129 you've now raised, actually
2	to both demand and supply, and its and, you	2	MR. GOLDBERG: I want to ask my
3	know, its relationship to each other.	3	question. Don't ask my question.
4	BY MR. GOLDBERG:	4	MR. HONIK: I know. I'm not
5	Q Was it there was an economic	5	MR. GOLDBERG: No, stop. Ruben, stop.
6	there was an economic price that was paid for	6	It's improper, and stop.
	valsartan between 2012 and 2018, right?	7	MR. HONIK: Here is what we're going
8	MR. HONIK: Object to the form. Are	8	to do.
9	you asking if consumers paid for it, paid for	9	MR. GOLDBERG: Stop it.
10	this drug?	10	MR. HONIK: Here's what we're going to
11	THE WITNESS: I don't understand what	11	do. Here's what we're going to do.
12	you're asking.	12	MR. GOLDBERG: Tell me what we're
13	MR. GOLDBERG: Counsel	13	going to do.
14	BY MR. GOLDBERG:	14	MR. HONIK: If you persist in asking
15	Q I'm using your phrase, "economic	15	the same question again, then we will have to
16	price." There was an economic price paid for	16	stop. I think the witness has responded I
17	valsartan between 2012 and 2018, right?	17	think the witness has responded completely to
18	MR. HONIK: Right. And our lawsuit	18	your question. You seem not to understand
19	seeks	19	MR. GOLDBERG: The objection is asked
20		20	
	MR. GOLDBERG: Counsel, you're not		and answered. If that's your objection, say
21	counsel, don't testify. Don't interrupt. Let	21	it.
22	the witness answer the question.	22	MR. HONIK: Is there a pending
23	MR. HONIK: You have now asked the	23	question?
24	same question six times.	24	BY MR. GOLDBERG:
25	MR. GOLDBERG: Counsel, don't	25	Q Dr. Conti Dr. Conti, there was an

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	RESTRICTED C	UN	MIDENTIAL
	Page 130		Page 132
1	economic price that was paid for valsartan between	1	THE WITNESS: Again, I was asked to
2	2012 and 2018, correct?	2	assume that that supply was adulterated and
3	MR. HONIK: Object to form, asked and	3	misbranded.
4	answered.	4	BY MR. GOLDBERG:
5	THE WITNESS: Okay. Again, let's	5	Q So the answer is, yes, there was a
6	start at the beginning. From my perspective,	6	supply? Leaving aside your assumptions, you agree
7	prospectively, there may be a demand curve for	7	there was a supply of valsartan between 2012 and
8	products that exist that cannot be met by a	8	2018?
9	legitimate supply curve. In you can't get	9	MR. HONIK: Object to the form, asked
10	an economic price if there is not both a demand	10	and answered.
11	curve and a legitimate supply curve.	11	THE WITNESS: I think what you're
12	In this matter, I was asked to assume	12	asking is whether Diovan and Exforge, the
13	that these products at issue between 2012 and	13	brand the branded products, plus the generic
14	2018 were adulterated and misbranded according	14	drugs, were available to the U.S. market, were
15	to the Food and Drug Administration's	15	available
16	definition.	16	THE COURT REPORTER: I'm sorry. You
17	By definition, if they were both	17	cut out, Doctor.
18	adulterated and misbranded, there is no	18	Were available to
19	legitimate supply curve. And therefore, demand	19	THE WITNESS: To be purchased in the
20	and supply cannot meet, and there cannot be an	20	U.S. supply chain between 2012 and 2018. If
21	economic price.	21	that is your question, then the answer is yes.
22	BY MR. GOLDBERG:	22	BY MR. GOLDBERG:
23	Q But demand and supply did meet, and an	23	Q Okay. And between 2012 and 2018,
24	economic price was paid for valsartan between 2012	24	valsartan that valsartan was purchased by
25	and 2018, wasn't there?	25	consumers and third-party payors, right?
	Page 131		Page 133
1	MR. HONIK: Object to the form, asked	1	A So consumers purchased Diovan and
2	and answered.		Exforge and it's generic equivalents during that
3	Go ahead, Dr. Conti. You can explain	3	time period. The at-issue drugs, I was asked to
4	it again.	4	assume were adulterated and misbranded during that
5	THE WITNESS: Again, consumers and	5	time period.
6	payors did not know that these products were	6	Q Do you have experience assessing the
7	adulterated and misbranded during the relevant		clinical value of drugs?
8	time period. That's because, as I understand	8	A As an economist? Yes. As a doctor,
9	it, the manufacturers, who are the defendants	9	sadly, no.
10	in this case, were attesting that these	10	Q Got you.
11	products were meeting the evidentiary standard	11	Have you conducted any clinical trials
12	when they were not.	12	with respect to drug to drugs, pharmaceutical
13	From my perspective in in analyzing	13	drugs?
14	this market, if I assume that these products	14	A Have I conducted any clinical trials?
15	are misbranded and adulterated, then there is	15	I have been involved in clinical trials that
16	no legitimate supply curve. And therefore,	16	have that are conducted
17	there is no meeting of demand and supply and no	17	THE COURT REPORTER: That are
18	economic price.	18	conducted
19	BY MR. GOLDBERG:	19	THE WITNESS: On prescription drugs.
20	Q There was a supply for these drugs	20	BY MR. GOLDBERG:
21	between 2012 and 2018. You don't dispute that, do	21	Q Have you reviewed the the strike
22	you?	22	that.
23	MR. HONIK: Object to the form, asked	23	You understand that valsartan is an
24	and answered.	24	
25	Go ahead.	25	intended use of valsartan is to treat hypertension,
	OU alicau.	23	right?

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	Page 134	_	Page 136
1	A Yes. I mean, it is a member of a	1	the past two decades with the advent of stents,
2	class of drug of a therapeutic class of drugs	2	but also the advent of many prescription drugs
3	that are all intended to treat hypertension.	3	that support their prevention and treatment.
4	Q And another intended use of valsartan	4	BY MR. GOLDBERG:
5	is to treat heart failure?	5	Q There would be medical expenses
6	A I don't know that specifically.	6	attributable to a heart attack for most consumers,
7	Q Are you aware that, if left untreated,	7	right?
8	high blood pressure can lead to heart attacks?	8	MR. HONIK: Same objection.
9	MR. HONIK: Objection, outside the	9	THE WITNESS: Are you saying as a
10	scope.	10	general matter that that heart attacks
11	THE WITNESS: I mean, like, as an	11	entail costs?
12	American citizen who's relatively well	12	BY MR. GOLDBERG:
13	informed, yes, I understand that.	13	Q Yes.
14	BY MR. GOLDBERG:	14	A Yes, definitively.
15	Q Okay. And yeah, I'm looking for	15	Q And the same the same is true for
16	your understanding as Dr. Conti, whether that's in	16	strokes?
17	your individual capacity as an expert. But you	17	A The primary prevention and treatment
18	understand that high blood pressure, if left	18	of strokes costs money.
19	untreated, can lead to heart attacks, right?	19	COURT REPORTER: It what?
20	A Yes. And I understand that there are	20	THE WITNESS: In the U.S.
21	many, many treatments to prevent heart attacks	21	COURT REPORTER: I'm sorry. The
22	available.	22	primary prevention
23	Q And if left untreated, high blood	23	THE WITNESS: And treatment of strokes
24	pressure can lead to strokes?	24	in the U.S. costs money.
25	MR. HONIK: Same objection, outside	25	COURT REPORTER: Thank you.
	Page 135		Page 137
1	Page 135 the scope of her report.	1	Page 137 BY COURT REPORTER:
1 2		1 2	BY COURT REPORTER: Q You'd agree that avoiding the
	the scope of her report. THE WITNESS: Thank you. Again, I understand as, a general	_	BY COURT REPORTER: Q You'd agree that avoiding the complications from untreated hypertension could
2 3 4	the scope of her report. THE WITNESS: Thank you. Again, I understand as, a general matter, that that high blood pressure is a	2 3 4	BY COURT REPORTER: Q You'd agree that avoiding the complications from untreated hypertension could provide a value to a patient?
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2 3 4	the scope of her report. THE WITNESS: Thank you. Again, I understand as, a general matter, that that high blood pressure is a risk factor for stroke and that high blood pressure can be treated in many different ways.	2 3 4	BY COURT REPORTER: Q You'd agree that avoiding the complications from untreated hypertension could provide a value to a patient? MR. HONIK: Objection, outside the scope.
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2 3 4 5 6 7 8	the scope of her report. THE WITNESS: Thank you. Again, I understand as, a general matter, that that high blood pressure is a risk factor for stroke and that high blood pressure can be treated in many different ways. BY MR. GOLDBERG: Q And if somebody has a heart attack,	2 3 4 5 6	BY COURT REPORTER: Q You'd agree that avoiding the complications from untreated hypertension could provide a value to a patient? MR. HONIK: Objection, outside the scope. THE WITNESS: As a general matter? BY MR. GOLDBERG:
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1			
	Page 138		Page 140
1	therapeutic benefit from the treatment of	1	COURT REPORTER: Of no moment.
2	valsartan their treatment with valsartan?	2	M-o-m-e-n-t? Moment.
3	MR. HONIK: Object to the form,	3	THE WITNESS: Yes.
4	outside the scope.	4	THE COURT REPORTER: Thank you. Thank
5	THE WITNESS: Yeah. I think that's a	5	you.
6	good question.	6	BY MR. GOLDBERG:
7	So, again, from the perspective of my	7	Q Is it your testimony that positive
8	report, I was asked to assume that the	8	health outcomes have no economic value to consumers?
9	valsartan products at issue were adulterated	9	MR. HONIK: Object to the form, asked
10	and misbranded, and therefore, they should not	10	and answered, outside the scope.
11	have entered into the U.S. class of trade.	11	THE WITNESS: That is not my
12	Whether those products provided	12	testimony, sir.
13	therapeutic value is is not of it's	13	BY MR. GOLDBERG:
14	not it doesn't matter for the purposes of my	14	Q Do you agree that positive health
15	calculation.	15	outcomes can have economic value to consumers?
16	BY MR. GOLDBERG:	16	MR. HONIK: Same objection.
17	Q Well, do you dispute that those	17	THE WITNESS: That is not my
18	products provided therapeutic value?	18	testimony, sir.
19	MR. HONIK: Object to the form, asked	19	BY MR. GOLDBERG:
20	and answered, outside the scope.	20	Q Do you agree that positive outcomes,
21	THE WITNESS: I don't know. I	21	health outcomes, can have economic value to
22	don't I don't have an opinion. You know, as	22	consumers, yes or no?
23	an economist, I don't have an opinion.	23	MR. HONIK: Same objection, asked and
24	BY MR. GOLDBERG:	24	answered.
25	Q Are you aware of any studies showing	25	THE WITNESS: Of what, sir?
	Page 139		Page 141
1	that between 2012 and 2018, valsartan was not	1	BY MR. GOLDBERG:
2	effective in treating hypertension?	2	Q Do you agree that controlled
3	MR. HONIK: Object to the form, beyond	3	hypertension due to valsartan could have economic
4	the scope.	4	value to a consumer?
5	THE WITNESS: No. But it's again,	5	A Same objection.
6	has no moment in my analysis hasaysa again I		
	has no moment, in my analysis, because again, I	6	THE WITNESS: I think I'm gonna I
7	was asked to assume that those products at	6 7	THE WITNESS: I think I'm gonna I think I'm gonna ask just you to clarify.
7 8			
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8	was asked to assume that those products at issue were misbranded and adulterated, and	7 8	think I'm gonna ask just you to clarify. So do you mean that prescription-based
8 9	was asked to assume that those products at issue were misbranded and adulterated, and therefore would not have entered into the U.S.	7 8 9	think I'm gonna ask just you to clarify. So do you mean that prescription-based control of hypertension could have value to
8 9 10	was asked to assume that those products at issue were misbranded and adulterated, and therefore would not have entered into the U.S. class of trade.	7 8 9 10	think I'm gonna ask just you to clarify. So do you mean that prescription-based control of hypertension could have value to consumers?
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8 9 10 11 12	was asked to assume that those products at issue were misbranded and adulterated, and therefore would not have entered into the U.S. class of trade. BY MR. GOLDBERG: Q Are you aware of any warnings by the	7 8 9 10 11 12	think I'm gonna ask just you to clarify. So do you mean that prescription-based control of hypertension could have value to consumers? BY MR. GOLDBERG: Q Yes.
8 9 10 11 12 13	was asked to assume that those products at issue were misbranded and adulterated, and therefore would not have entered into the U.S. class of trade. BY MR. GOLDBERG: Q Are you aware of any warnings by the FDA between 2012 and 2018 that patients shouldn't	7 8 9 10 11 12 13	think I'm gonna ask just you to clarify. So do you mean that prescription-based control of hypertension could have value to consumers? BY MR. GOLDBERG: Q Yes. A There's my my my point is
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36 (Pages 138 - 141)

	RESTRICTED CONFIDENTIAL				
	Page 142		Page 144		
1	THE WITNESS: What do you mean by	1	MR. HONIK: Don't interrupt her.		
2	"economic value"?	2	THE WITNESS: I'm going to ask again.		
3	(Whereupon, there was a speaking	3	I don't understand how you're using the term		
4	interruption.)	4	"economic value."		
5	THE WITNESS: I'm sorry	5	BY MR. GOLDBERG:		
6	THE COURT REPORTER: I'm sorry, who's	s 6	Q If a patient saved money on their		
7	speaking?	7	health expenses because of their treatment with		
8	MR. HONIK: There was a question and	8	at-issue valsartan products, would that have		
9	objection and a partial answer from the	9	provided economic value to the patient?		
10	witness. Did you get any of that?	10	MR. HONIK: Is there a question?		
11	THE COURT REPORTER: Yes.	11	MR. GOLDBERG: That is the question.		
12	MR. HONIK: Okay. Great.	12	Should I ask it again?		
13	THE WITNESS: And there was, like,	13	MR. HONIK: No, Jamie can read it, and		
14	something someone else started speaking.	14	we can all determine if it's a question. It		
15	MR. HONIK: And then someone	15	sounded like a statement.		
16	interjected.	16	But, Jamie, can you read it back.		
17	THE WITNESS: Correct. In the middle	17	MR. GOLDBERG: I'm going to		
18	of my answer.	18	read I'm going to read the question.		
19	MR. HONIK: Okay. So other than Seth,	19	BY MR. GOLDBERG:		
20	everyone and myself, everyone should be	20	Q If a patient saved money on their		
21	muted.	21	health expenses because of their treatment with		
22	BY MR. GOLDBERG:	22	at-issue valsartan products, would that have		
23	Q Let me ask the question again.	23	provided an economic value to the patient?		
24	Yes or no, prescription valsartan,	24	MR. HONIK: Object to form, beyond the		
25	when controlling a patient's hypertension, could	25	scope, asked and answered.		
	Page 143		Page 145		
1	Page 143 that provide an economic value to the patient?	1	Page 145 You can respond.		
1 2	that provide an economic value to the patient?		You can respond.		
2	that provide an economic value to the patient? MR. HONIK: Object to form, asked and	2	You can respond. THE WITNESS: Thank you.		
	that provide an economic value to the patient?		You can respond. THE WITNESS: Thank you. MR. HONIK: As best you can.		
2 3	that provide an economic value to the patient? MR. HONIK: Object to form, asked and answered, beyond the scope. You can answer.	2 3	You can respond. THE WITNESS: Thank you. MR. HONIK: As best you can. THE WITNESS: Thank you.		
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2 3 4 5	that provide an economic value to the patient? MR. HONIK: Object to form, asked and answered, beyond the scope. You can answer. THE WITNESS: Thank you. Seth Mr. Goldberg, what do you mean by "economic	2 3 4 5 6	You can respond. THE WITNESS: Thank you. MR. HONIK: As best you can. THE WITNESS: Thank you. So for the I mean, as a general matter, if people are saving money, then there		
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	Page 146		Page 148			
1	There is a separate value that is	1	potential downside costs are all predicated on			
2	related to its therapeutic benefit. Only	2	the product being a legitimate product allowed			
3	products that are considered to be legitimate	3	for sale			
4	products, they meet the evidentiary standard	4	BY MR. GOLDBERG:			
5	for sale in the U.S., could have therapeutic	5	Q Of a product			
6	value, because you need to meet the evidentiary	6	A Hold on, please, let me finish.			
7	standard of being actually allowed on the	7	Allowed for sale in the U.S. market.			
8	market to be sold before you can have be	8	I was asked to assume these these products were			
9	judged to have additional therapeutic	9	not legitimate products. They were not allowed into			
10	therapeutic value because it only the only	10	the U.S. market or they were not did not meet			
11	way that you would know whether that product	11	the evidentiary standard for sale. And therefore,			
12	has benefit is if for a given patient, is if	12	that clinical value that they may have provided, is			
13	the product meets the evidentiary standard.	13	a separate matter.			
14	•	14	Q That clinical value			
15		15	A Hold on. Hold on.			
16		16	And not one that I evaluated. It's			
17	supply curve. Therapeutic value, whether that	17	outside the scope of my report.			
18	product is provides value or clinical value	18	Q That clinical value is meaningless to			
19		19	you?			
20	•	20	MR. HONIK: Object to the form, asked			
21	COURT REPORTER: Is all predicated	21	and answered.			
22	THE WITNESS: That goes above and	22	THE WITNESS: Okay. Again, as, like,			
23	beyond the economic value that I have been	23	a human being, obviously, pharmaceutical			
24	asked to consider.	24	products that are available for sale in the			
25	I'm sorry. Is there a question? I'm	25	U.S. have may have clinical value to			
	Page 147		Page 149			
1	hearing voices.	1	individual patients.			
2	MR. HONIK: You're hearing background	2	But for the purposes of my report, I'm			
3	noise.	3	using the term "economic value" in a very			
4	THE WITNESS: Okay. Okay.	4	specific way, which is that the products meet			
5	BY MR. GOLDBERG:	5	the evidence either meet the evidentiary			
6	Q Have you reviewed strike that.	6	standard for being allowed to be sold into the			
7	You haven't reviewed any of the	7	U.S., or they don't.			
8	deposition testimony of any of the plaintiffs or	8	I was asked to assume that they do			
9	class representatives in this case, correct?	9	not. And therefore, all the downstream			
10	class representatives in this case, correct:		moti i mid timererore, and time do trinstream			
10	•	10				
10	MR. HONIK: Objection, asked and answered.		potential benefits and costs associated with			
	MR. HONIK: Objection, asked and	10				
11	MR. HONIK: Objection, asked and answered.	10 11	potential benefits and costs associated with the products are of no moment excuse me			
11 12	MR. HONIK: Objection, asked and answered. THE WITNESS: I think you asked that question to me this morning, and the answer	10 11 12	potential benefits and costs associated with the products are of no moment excuse me are of no moment to me.			
11 12 13	MR. HONIK: Objection, asked and answered. THE WITNESS: I think you asked that question to me this morning, and the answer my answer remains no.	10 11 12 13	potential benefits and costs associated with the products are of no moment excuse me are of no moment to me. BY MR. GOLDBERG:			
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	RESTRICTED C		
	Page 150		Page 152
1	MR. HONIK: That's okay. I think	1	Paragraph 42, I state, "Federal law establishes
2	Jamie got it.	2	that non-safety and quality compliant
3	THE COURT REPORTER: I have not heard	3	adulterated and misbranded prescription drugs
4	anything clearly for the last 10 seconds.	4	are not legitimate consumer products and cannot
5	MR. HONIK: Okay. Do you want to ask	5	be lawfully or" "lawfully sold or
6	that question again?	6	distributed for sale."
7	MR. GOLDBERG: We can strike that	7	It is in that context that I am
8	question.	8	discussing the economic worth or value of the
9	THE COURT REPORTER: I have	9	at-issue products.
10	MR. HONIK: It's stricken, Jamie.	10	Whether or not an individual consumer,
11	COURT REPORTER: Can we go off the	11	or there were consumers that may have
12	record for a second, please?	12	COURT REPORTER: Let me just excus
13	THE VIDEOGRAPHER: The time is 2:44.	13	me. Sorry. Let me just mute my microphone.
14	We're going off the record.	14	MR. HONIK: Go ahead. Go ahead.
15	(Whereupon, a short break was taken.)	15	THE WITNESS: Thank you. So the
16	THE VIDEOGRAPHER: The time is 2:55.	16	economic value that I let me just start from
17	We're back on the record.	17	the beginning. Sorry, Jamie.
18	BY MR. GOLDBERG:	18	From my perspective, the economic
19	Q Dr. Conti, you'd agree that the	19	value that is at issue in my report, in my
20	therapeutic benefits that consumers may have gotten	20	opinions in this matter, are related to the
21	from valsartan between 2012 and 2018 would be	21	product to the products being either meeting
22	different from one consumer to the next, right?	22	the evidentiary standard for sale or not.
23	MR. HONIK: Object to form, outside	23	Whether or not individual people
24	the scope.	24	there's a demand curve for these products, and
25	You can answer.	25	individual people within that demand curve
	Page 151		Page 153
1	THE WITNESS: Again, it's it's no	1	or that make up that demand curve, experience
2	moment to my report or to my opinions in	2	therapeutic benefit or benefit or not, is of
3	this matter.	3	no moment to my opinion.
4	BY MR. GOLDBERG:	4	BY MR. GOLDBERG:
5	Q I I understand. I understand your	5	Q Is there is there some other
6	view. But you've talked about the drug as being	6	economic value that you're excluding from your
7	worthless, and we're talking about the therapeutic	7	opinion that may have resulted from consumers taking
8	benefit of the drug and in the context of your	8	the at-issue valsartan?
9	opinion related to worthlessness.	9	MR. HONIK: Object to the form.
10	My question is, you would agree that	10	THE WITNESS: I am using the term
11	consumers would experience the therapeutic benefits		"economic value" in my report in the way in
12	from the at-issue valsartan products differently	12	which I've justified, multiple times, and in
13	from consumer to consumer?	13	the way that the judge in this case has defined
14	COURT REPORTER: Differently from	14	"economic value" and its converse, "economic
15	consumers	15	worthlessness."
16	MR. GOLDBERG: Differently from	16	BY MR. GOLDBERG:
17	consumer to consumer.	17	Q How do you understand the judge in
18	MR. HONIK: Object to form, asked and	18	this case has defined "economic value"?
19	answered and beyond the scope of her report.	19	A I think it would be easier if I just
20	THE WITNESS: Okay. So I think that	20	read from my phone. I have his opinion in front of
21	we are misunderstanding. I think you are	21	me. He says
22	misunderstanding the way in which I'm using the	22	COURT REPORTER: Please just read
23	term "economic value" or "economic worth."	23	slowly and clearly.
24	And so maybe if you would indulge me,	24	THE WITNESS: "This Court finds that
25	I can just go back to my report. On page on	25	contaminated drugs are economically worthless
1 4-1	J 6		

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RESTRICTED CONFIDENTIAL Page 156 Page 154 1 at the point of sale by virtue of the 1 BY MR. GOLDBERG: 2 dangerousness caused by their contamination, 2 And did John -- so we talked about the 3 regardless whether the sold VCDs actually 3 therapeutic benefits that may have -- that -- that 4 achieve the medical purpose of lowering blood 4 consumers who took the at-issue valsartan products 5 pressure." I can go on. may have experienced. You don't dispute that 6 "Put differently, contaminated drugs, consumers who took valsartan at-issue products may 7 even if medically efficacious for their have experienced therapeutic benefits? 8 purpose, cannot create a benefit of the bargain 8 MR. HONIK: Object to the form, asked 9 9 because the contaminants, and their dangerous and answered, beyond the scope. 10 10 effects, were never bargained for. You may answer. 11 "Further, contaminated drugs do create 11 THE WITNESS: Again, the demand curve 12 a present injury because their sale should 12 for these products may exist. From an economic 13 never have occurred." 13 theory perspective, the demand curve represents 14 THE COURT REPORTER: Doctor, just for 14 individual assessments of benefits and costs of 15 my clarification, what were you reading from? 15 prescription drugs. I am not disputing that 16 THE WITNESS: I was reading from my 16 there may have been a demand curve for these cell phone. 17 17 products. That is not my opinion. 18 BY MR. GOLDBERG: 18 My opinion is related to the supply 19 19 0 And what were you -- what were you curve. In other words, that products that do 20 reading from? 20 not meet the evidentiary standard are not 21 21 Α I was reading from an opinion of the allowed into the U.S. products of trade, they 22 court. 22 are not viewed as being legitimate products. 23 23 Q And who sent you that opinion? From my perspective, those products are 24 24 MR. HONIK: Without waiving -- excuse worthless. 25 me, without waiving the objection, I'll permit 25 Page 155 Page 157 1 her to answer. 1 BY MR. GOLDBERG: 2 THE WITNESS: So I have been aware of 2 Q Yeah. And the consumers in that 3 this opinion for a while, and the opinion was 3 demand curve, as you have put it, those -- each 4 provided to me by counsel. consumer has -- has their own individual demand for 5 BY MR. GOLDBERG: 5 the drug, right? When was that? 6 Q 6 MR. HONIK: Object -- object to the 7 7 A When did they -- when did I receive form, asked and answered and beyond the scope. 8 this via text on my phone? 8 You may answer. 9 Q Yes. 9 THE WITNESS: Yes. 10 Α Five minutes ago. But I have been 10 BY MR. GOLDBERG: 11 aware of this before then. 11 0 And --12 So counsel texted you five minutes ago 12 A I mean, predicated, of course, on 13 with the judge's opinion that you just read into the 13 their doctor being willing to write a prescription record? 14 and their insurer being willing to -- to insure that 15 MR. HONIK: Without waiving -- excuse 15 prescription, which is also predicated on FDA 16 me, without waiving the objection and approval of the product. 16 17 privilege, I'll permit her to answer. 17 But -- I mean, consumer demand does 18 THE WITNESS: Yes. It was just texted 18 not live in a vacuum outside of physician 19 to me. But again, I have been aware of this 19 prescribing behavior in this context. 20 opinion for a while. 20 And that physician prescribing 21 BY MR. GOLDBERG: 21 behavior and the consumer demand for the at-issue 22 And which counsel texted that to you? 22 valsartan products, that's individual from one 23 MR. HONIK: Without waiving the 23 consumer to the next. Why I need the drug is

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24 different from why someone else might need the drug,

25 and so on, right?

24

25

objection, I'll permit her to answer.

THE WITNESS: John Davis.

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	Page 158		Page 160			
1	MR. HONIK: Object to the form,	1	consumer?			
2	outside the scope, asked and answered, improper	2	MR. HONIK: Objection, asked and			
3	hypothetical.	3	answered, beyond the scope. I think you've			
4	You may answer.	4	asked her this four times already.			
5	THE WITNESS: I don't know what you	5	THE WITNESS: They may have received			
6	mean by the term "need," sir.	6	exactly the same therapeutic benefit.			
7	BY MR. GOLDBERG:	7	BY MR. GOLDBERG:			
8	Q Why I might be prescribed valsartan	8	Q And they may not, right?			
9	would likely be different than why someone else	9	A You're I'm sorry, sir, but this is			
10	might be prescribed valsartan, and these are really	10	impossible. You just interrupted me again,			
11	individualized issues?	11	mid-answer, to the same question.			
12	MR. HONIK: Same objection as	12	Q Go ahead.			
13	previously stated.	13	A No. Please answer your please ask			
14	THE WITNESS: I mean, that is not	14	your question again, and then I'll answer it.			
15	consistent with my understanding of demand for	15	Q Yes or no, do you agree that the			
16	prescription drugs. I'm sorry.	16	therapeutic benefits that consumers may have			
17	BY MR. GOLDBERG:	17	realized from taking the at-issue valsartan products			
18	Q Do you agree that therapeutic benefits	18	would have differed from consumer to consumer?			
19	that consumers who have taken at-issue valsartan may	19	MR. HONIK: Same objection.			
20	have been different from consumer to consumer?	20	THE WITNESS: Again, this is not a			
21	MR. HONIK: Object to the form, asked	21	yes-or-no-type question. Consumers may have			
22	and answered, beyond the scope.	22	received exactly the same benefit from at-issue			
23	THE WITNESS: Again, demand for	23	valsartan products, or they may have received			
24	prescription drugs is related, generally, to	24	different experiences of that product. It is			
25	their benefits and their costs, predicated on	25	of no moment in my opinions in this matter			
	Page 159		Page 161			
1	the supply of those products being legitimate.	1	because, again, demand their demand is			
2	In other words, the manufacturer actually	2	predicated on a legitimate supply curve. And			
3	meeting the evidentiary standard.	3	I've been asked to assume that there was no			
4	BY MR. GOLDBERG:	4	legitimate supply curve.			
5	Q Yes or no yes or no, do you agree	5	BY MR. GOLDBERG:			
6	the therapeutic benefit	6	Q You would agree, Dr. Conti, that we			
7	A Sir		all have different risk tolerances for things we're			
8	Q I thought you were finished with your	8	willing to put into our bodies?			
9	answer.	9	MR. HONIK: Same objection as			
10	MR. HONIK: She's not.	10	previously, beyond the scope.			
11	THE WITNESS: I'm not. I'm not.	11	THE WITNESS: From the U.S.			
12	BY MR. GOLDBERG:	12	regulator's perspective, risk tolerance is of			
13	Q Why don't you go ahead and finish your	13	no moment. Again, only products that meet the			
14	answer, and then I'll ask my next question.	14	evidentiary standard are allowed to enter into			
15	A Why don't ask you your question again	15	the prescription class of trade in the			
16	because you interrupted me in mid-answer.	16	United States.			
17	Q Oh, okay.	17	BY MR. GOLDBERG:			
18	A Yeah.	18	Q I'm asking you a different question.			
19	Q Yes or no, do you agree that the	19	Answer my question.			
20	therapeutic benefits that consumers who have	20	You'd agree that people have different			
21	taken let me let me rephrase.	21	risk tolerances from what they're willing to put			
22	Yes or no, do you agree yes or no,	22	into their bodies from person to person?			
23	do you agree that the consumers who took at-issue	23	MR. HONIK: Same objection as			
24	valsartan would have received would have received	24	previously.			
25	different therapeutic benefits from consumer to	25	THE WITNESS: Okay. I'm going to			

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	RESTRICTED CONFIDENTIAL					
	Page 162		Page 164			
1	answer your question again, which is, it is of	1	BY MR. GOLDBERG:			
2	no moment whether people want to consume	2	Q Your methodology does not take into			
3	illegitimate products. If there is no	3	consideration how consumers might have perceived the			
4	legitimate supply curve, those products cannot	4	value of the at-issue valsartan to them, correct?			
5	enter into the U.S. class of trade. That	5	MR. HONIK: Object to the form.			
6	is that is the position of the U.S.	6	THE WITNESS: My analysis presumes			
7	government. And it's	7	there is a demand curve for these products.			
8	BY MR. GOLDBERG:	8	What my analysis also presumes is that there is			
9	Q Is my answer, no, you	9	no legitimate supply curve for products that do			
10	A Hold on. Hold on.	10	not meet the evidentiary standard of the U.S.			
11	Q You're still going?	11	BY MR. GOLDBERG:			
12	A I am still going.	12	Q What your analysis does not take into			
13	Q Okay. I mean, I would just say,	13				
	Dr. Conti, I don't mean to be rude. But what		consideration is whether any consumer perceived that			
14		14	they received a therapeutic benefit that provided a			
15	happens is you you kind of the way you do this	15	value to them, right?			
16	is you sort of get to the end of something. It	16	MR. HONIK: Object to the form, asked			
17	seems like you're stopping, and then that's why I'm	17	and answered.			
18	starting. I'm not trying to interrupt you. And	18	You may answer.			
19	then you	19	THE WITNESS: Again, of course, it			
20	A Mr. Goldberg, that is not the case.	20	does. There is a demand curve for these			
21	You just continue to talk over me. The mansplaining		products. That is not that is not the issue			
22	is a little bit challenging, frankly. But I'll try	22	in this case. Of course, there's a demand			
23	to do this again.	23	curve, and I I describe it in my report.			
24	Q Okay.	24	What my report is trying to explain is that			
25	A Again, Americans have a variation of	25	there is no legitimate supply curve for			
	Page 163		Page 165			
1	their risk tolerance. That is of no moment for the	1	products that do not meet the evidentiary			
2	legitimate class of trade for prescription drugs.	2	standard of the U.S. government.			
3	If the product if pharmaceutical companies want	3	I was asked to assume that			
4	to sell their products in the U.S., they must meet	4	products that these products at issue			
5	the evidentiary standard. Full stop.	5	between 2012 and 2018 did not meet the			
6	Q You would agree that some consumers	6	evidentiary standard. They were adulterated			
7	would be willing to accept a very low risk of a	7	and misbranded. Therefore, there was no supply			
8	probable human carcinogen, whereas other consumers	8	curve, in my analysis.			
9	might not be willing to accept the risk of a	9	BY MR. GOLDBERG:			
10	probable human carcinogen?	10	Q Are you familiar with what the FDA			
11	MR. HONIK: Object to form, outside	11	advised patients to do when the recalls were			
12	the scope.	12	announced?			
13	THE WITNESS: It is of no moment in my	13	MR. HONIK: Object to the form,			
14	opinions in this matter. The bottom line is	14	outside the scope.			
15	that these manufacturers attested to that there	15	THE WITNESS: Specifically, what do			
16	was no contamination of these products by known	16	you mean?			
17	human carcinogens.	17	BY MR. GOLDBERG:			
18	BY MR. GOLDBERG:	18	Q Are you aware that the FDA advised			
19	Q Is the answer to my question, no, you	19	people that they should not discontinue their use of			
20	don't agree?	20	valsartan until they spoke with their doctor about			
21	MR. HONIK: Object to the form, asked	21	it?			
22	and answered.	22	MR. HONIK: Object to the form, asked			
23	THE WITNESS: I have answered your	23	and answered, outside the scope.			
24	question, sir, the best way that I know how.	24	THE WITNESS: Again, my understanding			
25	question, sir, the best may that I know how.	25	is that there were multiple FDA communications			
		23	15 that there were marapie i Dir communications			

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1	when the contamination of these products and	1	Q It's probably
2	their adulteration became known. Is there a	2	MR. GOLDBERG: For the tech it's
3	specific communication that you are referring	3	almost three pages to the end. It's the last
4	to?	4	three pages three pages from the end.
5	BY MR. GOLDBERG:	5	THE WITNESS: Do you mean the one that
6	Q Well, I think my first question	6	says July 13th, 2018?
7	is and you can answer no if it's no.	7	BY MR. GOLDBERG:
8	Are you aware of the FDA telling	8	Q No, it's it's a page before it.
9	patients they should not discontinue the use of	9	It's the page before that.
10	their valsartan when the FDA announced the recalls?	10	A So that's three pages in. So four
11	MR. HONIK: Same objection as	11	pages in, on July 18th, 2018, not the other
12	previously stated.	12	Q Right.
13	THE WITNESS: Okay. The FDA had	13	A Okay.
14	multiple communications with consumers and	14	Q Okay. And at the top of this page, it
15	other suppliers about these products. I'm	15	says where it says, "7-18-2018," do you see that?
16	asking you to be specific.	16	A Yes.
17	BY MR. GOLDBERG:	17	Q And this page is referring to the
18	Q Do you want to turn to Tab 2 in your	18	recall of valsartan by ZHP. Do you see that?
19	binder?	19	A I don't see ZHP here.
20	A Which binder?	20	Q Yeah. It's right in the second
21	Q Tab 2 is binder that would be	21	paragraph.
22	binder, I guess, Volume 1 of 3?	22	A You mean Zhejiang Huahai
23	THE COURT REPORTER: Will this be a	23	Pharmaceuticals?
24	new exhibit?	24	Q Correct. Correct.
25	MR. GOLDBERG: Yeah we'll mark this	25	A Okay. So, yes, I see that here.
	Page 167		Page 169
1	as Conti 6. This is a	1	Q Okay. And at the bottom of that page,
2	(Whereupon, Exhibit Conti 6 was marked	2	there are two bullet points at the very bottom. Do
3	for Identification.)	3	you see those? And
4	BY MR. GOLDBERG:	4	A Is that a question?
5	Q Dr. Conti, I'm marking as exhibit	5	Q The first bullet point
6	Conti 6, a document entitled, "FDA Updates and Press	6	A Is that a question?
	Announcements on Angiotensin II Receptor Blocker	7	Q The first bullet point the first
8	Recalls." Do you see that?	8	bullet point, the FDA is instructing patients taking
9	MR. HONIK: Seth, what's Conti 5?	9	at-issue valsartan that they should continue taking
10			
1 10	MR. GOLDBERG: Her expert report.	10	their current medicine until their doctor or
11	MR. GOLDBERG: Her expert report. MR. HONIK: Thank you.	10 11	their current medicine until their doctor or pharmacist provides a replacement or a different
		-	
11	MR. HONIK: Thank you.	11	pharmacist provides a replacement or a different
11 12	MR. HONIK: Thank you. BY MR. GOLDBERG: Q Are you familiar with this document,	11 12	pharmacist provides a replacement or a different treatment option. Did I read that correctly?
11 12 13	MR. HONIK: Thank you. BY MR. GOLDBERG: Q Are you familiar with this document,	11 12 13	pharmacist provides a replacement or a different treatment option. Did I read that correctly? A I think you asked me two questions,
11 12 13 14	MR. HONIK: Thank you. BY MR. GOLDBERG: Q Are you familiar with this document, Dr. Conti?	11 12 13 14	pharmacist provides a replacement or a different treatment option. Did I read that correctly? A I think you asked me two questions, but I see that you have read that that text
11 12 13 14 15	MR. HONIK: Thank you. BY MR. GOLDBERG: Q Are you familiar with this document, Dr. Conti? A I am aware of this document.	11 12 13 14 15	pharmacist provides a replacement or a different treatment option. Did I read that correctly? A I think you asked me two questions, but I see that you have read that that text correctly.
11 12 13 14 15 16	MR. HONIK: Thank you. BY MR. GOLDBERG: Q Are you familiar with this document, Dr. Conti? A I am aware of this document. Q This is a document that was cited in	11 12 13 14 15 16	pharmacist provides a replacement or a different treatment option. Did I read that correctly? A I think you asked me two questions, but I see that you have read that that text correctly. Q Did you consider at all in your
11 12 13 14 15 16 17	MR. HONIK: Thank you. BY MR. GOLDBERG: Q Are you familiar with this document, Dr. Conti? A I am aware of this document. Q This is a document that was cited in your report, right?	11 12 13 14 15 16 17	pharmacist provides a replacement or a different treatment option. Did I read that correctly? A I think you asked me two questions, but I see that you have read that that text correctly. Q Did you consider at all in your assessment the FDA's instructing patients to
11 12 13 14 15 16 17 18	MR. HONIK: Thank you. BY MR. GOLDBERG: Q Are you familiar with this document, Dr. Conti? A I am aware of this document. Q This is a document that was cited in your report, right? A There are many documents from the FDA	11 12 13 14 15 16 17 18	pharmacist provides a replacement or a different treatment option. Did I read that correctly? A I think you asked me two questions, but I see that you have read that that text correctly. Q Did you consider at all in your assessment the FDA's instructing patients to continue to continue taking their medicine until
11 12 13 14 15 16 17 18 19	MR. HONIK: Thank you. BY MR. GOLDBERG: Q Are you familiar with this document, Dr. Conti? A I am aware of this document. Q This is a document that was cited in your report, right? A There are many documents from the FDA documented sorry, cited in my report.	11 12 13 14 15 16 17 18 19	pharmacist provides a replacement or a different treatment option. Did I read that correctly? A I think you asked me two questions, but I see that you have read that that text correctly. Q Did you consider at all in your assessment the FDA's instructing patients to continue to continue taking their medicine until they found an alternative?
11 12 13 14 15 16 17 18 19 20	MR. HONIK: Thank you. BY MR. GOLDBERG: Q Are you familiar with this document, Dr. Conti? A I am aware of this document. Q This is a document that was cited in your report, right? A There are many documents from the FDA documented sorry, cited in my report. Q And this is one of those documents,	11 12 13 14 15 16 17 18 19 20	pharmacist provides a replacement or a different treatment option. Did I read that correctly? A I think you asked me two questions, but I see that you have read that that text correctly. Q Did you consider at all in your assessment the FDA's instructing patients to continue to continue taking their medicine until they found an alternative? MR. HONIK: Object to form, asked and
11 12 13 14 15 16 17 18 19 20 21	MR. HONIK: Thank you. BY MR. GOLDBERG: Q Are you familiar with this document, Dr. Conti? A I am aware of this document. Q This is a document that was cited in your report, right? A There are many documents from the FDA documented sorry, cited in my report. Q And this is one of those documents, right?	11 12 13 14 15 16 17 18 19 20 21	pharmacist provides a replacement or a different treatment option. Did I read that correctly? A I think you asked me two questions, but I see that you have read that that text correctly. Q Did you consider at all in your assessment the FDA's instructing patients to continue to continue taking their medicine until they found an alternative? MR. HONIK: Object to form, asked and answered, beyond the scope.
11 12 13 14 15 16 17 18 19 20 21 22	MR. HONIK: Thank you. BY MR. GOLDBERG: Q Are you familiar with this document, Dr. Conti? A I am aware of this document. Q This is a document that was cited in your report, right? A There are many documents from the FDA documented sorry, cited in my report. Q And this is one of those documents, right? A I don't I don't recall.	11 12 13 14 15 16 17 18 19 20 21 22	pharmacist provides a replacement or a different treatment option. Did I read that correctly? A I think you asked me two questions, but I see that you have read that that text correctly. Q Did you consider at all in your assessment the FDA's instructing patients to continue to continue taking their medicine until they found an alternative? MR. HONIK: Object to form, asked and answered, beyond the scope. THE WITNESS: Again, from my
11 12 13 14 15 16 17 18 19 20 21 22 23	MR. HONIK: Thank you. BY MR. GOLDBERG: Q Are you familiar with this document, Dr. Conti? A I am aware of this document. Q This is a document that was cited in your report, right? A There are many documents from the FDA documented sorry, cited in my report. Q And this is one of those documents, right? A I don't I don't recall. Q If you turn to the very end of this	11 12 13 14 15 16 17 18 19 20 21 22 23	pharmacist provides a replacement or a different treatment option. Did I read that correctly? A I think you asked me two questions, but I see that you have read that that text correctly. Q Did you consider at all in your assessment the FDA's instructing patients to continue to continue taking their medicine until they found an alternative? MR. HONIK: Object to form, asked and answered, beyond the scope. THE WITNESS: Again, from my perspective, there is a demand for these

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	Page 170		Page 172
1	adulterated and misbranded. And therefore,	1	Novartis.
2	there is no	2	There were also many other treatments
3	THE COURT REPORTER: I'm sorry. There	3	available for hypertension. I I haven't
4	is no	4	studied all of these FDA communications
5	THE WITNESS: There is no legitimate	5	regarding all of the valsartan products, but my
6	supply curve. The fact that the FDA reaffirms	6	understanding is that the FDA has said to
7	that there is a demand curve for these products	7	patients that they should discuss with their
8	and many other products that might treat	8	doctor continuing on the contaminated products
9	someone's hypertension, is in my report. It	9	and consider the use of non-contaminated or
10	is, by definition, considered.	10	non-adulterated products for their treatment,
11	My report is about the supply of these	11	which included valsartan, specifically the
12	products.	12	valsartan that were not contaminated or
13	BY MR. GOLDBERG:	13	adulterated, but many other products as well.
14	Q The FDA is acknowledging that the	14	BY MR. GOLDBERG:
	at-issue valsartan may be providing a therapeutic	15	Q And it also included the valsartan at
15			
16	benefit to the consumers who are taking it, right?	16	issue, right, that the FDA was saying, don't discontinue your use of at-issue valsartan, to use
17	MR. HONIK: Object to the form, asked	17	· · · · · · · · · · · · · · · · · · ·
18	and answered, beyond the scope.	18	your phrase "at-issue," until you talked with your
19	THE WITNESS: That's not what it says	19	doctor, right?
20	here on this on this document, sir.	20 21	MR. HONIK: Object to the form, beyond
21	MR. GOLDBERG: You can take down that		the scope.
22	document.	22	THE WITNESS: No. For example, in the
23	BY MR. GOLDBERG:	23	document that we were just talking about, the
24	Q You're aware that there have been a	24	FDA says the "FDA reminds consumers to
25	number of recalls of valsartan since that one in	25	continue taking your current medication until
	Page 171		Page 173
1	July of 2018 that that went through July went	1	you until your doctor or pharmacist gives
2	July of 2018 that that went through July went through 2019, right?	2	you until your doctor or pharmacist gives you a replacement or a different treatment
2 3	July of 2018 that that went through July went through 2019, right? A I am aware, as I stated earlier, that	2 3	you until your doctor or pharmacist gives you a replacement or a different treatment option."
2 3 4	July of 2018 that that went through July went through 2019, right? A I am aware, as I stated earlier, that the FDA has had many communications with the	2 3 4	you until your doctor or pharmacist gives you a replacement or a different treatment option." That is my understanding of what the
2 3 4 5	July of 2018 that that went through July went through 2019, right? A I am aware, as I stated earlier, that the FDA has had many communications with the manufacturers about these products and also the	2 3 4 5	you until your doctor or pharmacist gives you a replacement or a different treatment option." That is my understanding of what the FDA does, generally, when there are there
2 3 4 5 6	July of 2018 that that went through July went through 2019, right? A I am aware, as I stated earlier, that the FDA has had many communications with the manufacturers about these products and also the American public about these products over over	2 3 4 5 6	you until your doctor or pharmacist gives you a replacement or a different treatment option." That is my understanding of what the FDA does, generally, when there are there are concerns about the quality of the product,
2 3 4 5 6 7	July of 2018 that that went through July went through 2019, right? A I am aware, as I stated earlier, that the FDA has had many communications with the manufacturers about these products and also the American public about these products over over time.	2 3 4 5 6 7	you until your doctor or pharmacist gives you a replacement or a different treatment option." That is my understanding of what the FDA does, generally, when there are there are concerns about the quality of the product, and that is my understanding that that is what
2 3 4 5 6 7 8	July of 2018 that that went through July went through 2019, right? A I am aware, as I stated earlier, that the FDA has had many communications with the manufacturers about these products and also the American public about these products over over time. Q And in each of those recalls, the FDA	2 3 4 5 6 7 8	you until your doctor or pharmacist gives you a replacement or a different treatment option." That is my understanding of what the FDA does, generally, when there are there are concerns about the quality of the product, and that is my understanding that that is what happened here.
2 3 4 5 6 7 8 9	July of 2018 that that went through July went through 2019, right? A I am aware, as I stated earlier, that the FDA has had many communications with the manufacturers about these products and also the American public about these products over over time. Q And in each of those recalls, the FDA made the same directive to consumers, that they	2 3 4 5 6 7 8 9	you until your doctor or pharmacist gives you a replacement or a different treatment option." That is my understanding of what the FDA does, generally, when there are there are concerns about the quality of the product, and that is my understanding that that is what happened here. BY MR. GOLDBERG:
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1			
,	Page 174		Page 176
1	So like I said, to begin, when we		3 1
$\begin{vmatrix} 2 \\ 2 \end{vmatrix}$	started this long line of questioning, there were	2	MR. HONIK: Object to form, beyond the
3	many, many communications the FDA had with American	3	scope, asked and answered.
4	consumers and physicians and pharmacists about	4	You may answer.
5	valsartan.	5	THE WITNESS: Thank you.
6	And so there are many products that	6	So, again, there are many valsartan
7	are available to treat high blood pressure and	7	products, and there are valsartan products that
8	hypertension in the U.S. market. We're very	8	don't contain contamination or adulteration.
9	fortunate. And the FDA was telling consumers that	9	In fact, FDA says that in this specific wording
10	they should talk to their doctor and talk to their	10	on July 18, 2018.
11	pharmacist about their treatment in the use of both	11	What it's communicating is, to
١	valsartan products, but also many other products	12	American consumers and their physicians and
13	that could control their condition as well.	13	pharmacists, is that, for those of you taking
14	Q The directive about the valsartan	14	valsartan products, go talk to your doctor
١	recall, by the FDA on July 18, 2018, to consumers	15	about continuing taking those products or
16	about the valsartan recall, where the FDA says,	16	switching.
17	"Continue taking your current medicine until your	17	BY MR. GOLDBERG:
18	doctor or pharmacist gives you a replacement or a	18	Q Yeah. Okay. And so if those products
19	different treatment option," the FDA is saying if	19	are some of the products that are at-issue now, you
20	you are taking the at-issue valsartan products, you	20	don't deny that the FDA was saying keep taking them?
21	should continue taking those until you talk to your	21	MR. HONIK: Object to the form, asked
22	doctor, right?	22	and answered.
23	MR. HONIK: Objection to form, asked	23	THE WITNESS: You mean the
24	and answered, beyond the scope.	24	non-recalled products?
25	You may answer.	25	
	Page 175		Page 177
1	THE WITNESS: Thank you.	1	BY MR. GOLDBERG:
2	So, again, just going back to your	2	Q No. I mean products that were
3	specifically directed text, the FDA states,		recalled. But remember, somebody okay. On
1		3	recaricu. But remember, somebody okay. On
4	"Valsartan is used to treat high blood pressure	3 4	July 2018 on July 2018, if somebody had a bottle
	and heart failure. Not all products containing	l .	· · · · · · · · · · · · · · · · · · ·
4		4	July 2018 on July 2018, if somebody had a bottle
4 5	and heart failure. Not all products containing	5	July 2018 on July 2018, if somebody had a bottle of valsartan that is part of the at-issue valsartan
4 5 6	and heart failure. Not all products containing valsartan" "valsartan are recalled, and this update will clarify which valsartan-containing products are being recalled."	4 5 6	July 2018 on July 2018, if somebody had a bottle of valsartan that is part of the at-issue valsartan products that you're talking about, right? They're
4 5 6 7	and heart failure. Not all products containing valsartan" "valsartan are recalled, and this update will clarify which valsartan-containing products are being recalled." It then goes on to say there are three	4 5 6 7	July 2018 on July 2018, if somebody had a bottle of valsartan that is part of the at-issue valsartan products that you're talking about, right? They're sitting at home. They've got their bottle of
4 5 6 7 8	and heart failure. Not all products containing valsartan" "valsartan are recalled, and this update will clarify which valsartan-containing products are being recalled."	4 5 6 7 8	July 2018 on July 2018, if somebody had a bottle of valsartan that is part of the at-issue valsartan products that you're talking about, right? They're sitting at home. They've got their bottle of valsartan. It has NDMA in it. Okay? Just assume.
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	Page 178		Page 180
1	valsartan products that are being recalled, and	1	All this statement is saying is
2	there are valsartan products that are not part	2	legitimating my presumption, which is there is
3	of the recall. And it recommends to consumers	3	a demand curve. And the FDA goes on, in later
4	that they they continue taking their	4	statements, to American consumers, saying there
5	product these products, and go talk to their	5	is a demand curve. All that's supporting my
6	doctor about it.	6	position.
7	BY MR. GOLDBERG:	7	MR. GOLDBERG: Why don't we take a
8	Q And that includes both valsartan that	8	two-minute break, if we can. Okay?
9	is being recalled and valsartan that may not be	9	THE VIDEOGRAPHER: The time is 3:37.
10	recalled, right?	10	This ends Media Unit 3. We're going off the
11	MR. HONIK: Object to the form, asked	11	record.
12	and answered.	12	(Whereupon, a short break was taken.)
13	THE WITNESS: Yes.	13	THE VIDEOGRAPHER: The time is 4:02.
14	BY MR. GOLDBERG:	14	This begins Media Unit Number 4. We're back o
15	Q Awesome.	15	the record.
16	And did you consider this FDA	16	BY MR. GOLDBERG:
17	statement in forming your opinion?	17	Q Dr. Conti, have you received any other
18	A Again, I in my report, I assume	18	text messages from plaintiffs' counsel today during
19	that there is a demand curve for for these	19	the deposition?
20	prescription drugs, including the at-issue products.	20	MR. HONIK: Without waiver of the
21	Q Yes or no, did you consider this	21	privilege it attaches to work product, I'll
22	specific statement in forming your opinion?	22	permit her to answer.
23	MR. HONIK: Objection, asked and	23	THE WITNESS: No.
24	answered.	24	BY MR. GOLDBERG:
25	THE WITNESS: Sir, I'm sorry. A	25	Q And have any other documents been sent
	Page 179		Page 181
1	demand curve, by definition, includes that	1	to you by email during the day from plaintiffs'
2	consumers may pharmacists and physicians may	/ 2	counsel?
3	want to continue using these at-issue products.	3	MR. HONIK: Same objection.
4	The issue	4	You may answer.
5	BY MR. GOLDBERG:	5	THE WITNESS: I'm a little afraid of
6	Q Is the answer to my question, yes?	6	my email, but I haven't checked. So I don't
7	MR. HONIK: You're interrupting her.	7	know.
8	You're interrupting the witness.	8	BY MR. GOLDBERG:
9	BY MR. GOLDBERG:	9	Q Okay. You've you've talked about
10	Q Is the answer to my question yes?	10	legitimate supply curve, and is is it your
11	MR. HONIK: Objection, asked and	11	testimony that no that there is no price that
12	answered. She's answered that question a dozen	12	could be paid where there's no legitimate supply?
13	times already.	13	MR. HONIK: Object to the form.
14	BY MR. GOLDBERG:	14	THE WITNESS: I don't understand your
15	Q Did you consider this statement by the	15	question, sir. I'm sorry.
1	FDA in forming your opinion?	16	BY MR. GOLDBERG:
16		17	Q Well, if thinking about your
16 17	MR. HONIK: Objection, asked and	1 /	
		18	Figure 2 where there's no supply curve
17	MR. HONIK: Objection, asked and		
17 18	MR. HONIK: Objection, asked and answered.	18	Figure 2 where there's no supply curve
17 18 19	MR. HONIK: Objection, asked and answered. THE WITNESS: Thank you.	18 19	Figure 2 where there's no supply curve A Wait a minute. Wait a minute. Hold
17 18 19 20	MR. HONIK: Objection, asked and answered. THE WITNESS: Thank you. Again, my opinion is that there was a	18 19 20	Figure 2 where there's no supply curve A Wait a minute. Wait a minute. Hold on. Just let me get my report, so I can reference
17 18 19 20 21	MR. HONIK: Objection, asked and answered. THE WITNESS: Thank you. Again, my opinion is that there was a demand curve for valsartan products that	18 19 20 21	Figure 2 where there's no supply curve A Wait a minute. Wait a minute. Hold on. Just let me get my report, so I can reference what you're referring to.
17 18 19 20 21 22	MR. HONIK: Objection, asked and answered. THE WITNESS: Thank you. Again, my opinion is that there was a demand curve for valsartan products that included the ones that were that are	18 19 20 21 22	Figure 2 where there's no supply curve A Wait a minute. Wait a minute. Hold on. Just let me get my report, so I can reference what you're referring to. Q So Figure 2 of your in your report

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	Page 182	,	Page 184
1	A That's accurate.	1	A I meant economic value. And I
2	Q Is there is it is it your	2	corrected myself and said that there's a there's
3	testimony that there's that no price could be	3	an economic value, and then there's a therapeutic
4	paid under a scenario where there's, to use your	4	value.
5	term, "no legitimate" "no legitimate supply"?	5	Q What is there something in
6	A To be honest, it's a matter of	6	particular that you're thinking about where the FDA
7	economic theory. In order for there to be a price,	7	has said there is an economic value to a drug?
8	there needs to be both demand and supply. What	8	MR. HONIK: Objection to the form.
9	we've been talking about for the past, at least,	9	THE WITNESS: Sure. I put it in my
10	hour, seems like more, is that in my model there is	10	in my report. Let me get to the right
11	demand for these products, although demand falls off	11	paragraph, and I'll direct you to it.
12	quite dramatically for these products when the	12	Paragraph 26 of my report, "The FDA
13	recalls start.	13	explains the rationale for its central focus on
14	But I have been asked to assume that	14	protecting consumers from adulterated and
15	the products at issue were adulterated and	15	misbranded drugs on the web page as follows:
16	misbranded. Adulterated and misbranded products are	16	At the turn of the 20th century, there were no
17	not allowed in the U.S. supply chain, and therefore,	17	federal regulations to protect the public from
18	there is no supply. And therefore, there is no	18	dangerous drugs. 'It was a menacing"
19	meeting of demand and supply to arrive at a price.	19	"menacing marketplace filled with products,
20	Q So there is is it your testimony	20	such as William Radam's Microbe Killer and
21	that there is no price that would could be paid	21	Benjamin Bye's"'
22	for a product where there is no legitimate supply?	22	COURT REPORTER: I'm sorry, Doctor. I
23	MR. HONIK: Object to the form, asked	23	just I lost you there a little bit.
24	and answered.	24	Marketplace filled with products such
25	THE WITNESS: As a matter of economic	25	as William
	Page 183		Page 185
1	theory, price cannot be arrived at without	1	THE WITNESS: Sure. I'm sorry.
2	there being both demand and supply. I have	2	"'It was a menacing market'" so,
3	been asked to assume there is these products	3	"It was a menacing marketplace filled with
4	were adulterated and misbranded, and therefore,	4	products such as William Radam's Microbe Killer
5	there is no supply that is legitimate for these	5	and Benjamin Bye's Soothing Balmy Oils to cure
6	products as as a matter of U.S. policy. And	6	cancer,' said John Swann, Ph.D., a historian at
7	therefore, there can be no price.	7	the Food and Drug Administration. Products
8	BY MR. GOLDBERG:	8	like these were, at minimum, remedies that
9	Q Is is in your opinion, is price	9	picked the pocket of the user." That's what I
10	the same as value?	10	mean by "economic value."
11	A So according to the FDA alone, there	11	"But they could also be downright
12	is both an economic price and a therapeutic well,	12	harmful." That's what I mean by
13	an economic value and a therapeutic value. We've	13	"therapeutically harmful."
14	also talked about this quite a lot today.	14	"I emphasize the text" "the text in
15	There might be therapeutic value, in	15	italics because the FDA's statement underscores
16	other words, that is encapsulated in the demand	16	the harms from adulterated and misbranded
17	curve. People people trade off the benefits and	17	products as twofold: First, economic losses
18	costs of products. But there is no supply of	18	from purchasing products that are adulterated
19	illegitimate, adulterated and misbranded products in	19	and misbranded and second, the possibility of
20	my in my model. And therefore, there is no	20	clinical harm from consumption of adulterated
21	price.	21	and misbranded products."
22	BY MR. GOLDBERG:	22	From my perspective, there are two
23	Q You said, "According to the FDA alone,	23	types of value, and therefore, two types of
24	there is both an economic price and a therapeutic	24	usefulness or worthlessness. There is the
25	value."	25	economic value, and then there is a therapeutic
1		1	

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1	value. The economic value, products such as	1	Q Just in terms of the FDA		
2	these and products that are adulterated and	2	A And wait, and just so that		
3	misbranded should never have entered into the	3	you're not mischaracterizing me.		
4	U.S. class of trades. That is the position of	4	It's also the pharmaceutical		
5	the U.S. government, that we do not allow	5	industry's view that they want to be known as		
6	products such as these onto the U.S. market.	6	producing and entering products into the U.S. and		
7	BY MR. GOLDBERG:	7	selling products into the U.S. that are legitimate,		
8	Q I I thought you said that it was	8	that do meet the evidentiary standard as		
9	the FDA's view that that there was no that	9	distinguished from products that do not.		
10	this term "economic value," you had said, "the FDA	10	Q Just as you don't want me to interrupt		
11	alone." And then in your last answer, you referred	11	you, I'd appreciate it if you don't interrupt me.		
12	to you having two views of value, economic value and	12	A I was just trying to clarify your		
13	therapeutic value.	13	mischaracterization of my position.		
14	Are you basing are you basing your	14	Q In your answer, going back, you refer		
15	view of economic value on what the FDA says?	15	to the economic theory of supply and demand. What		
16	MR. HONIK: Object to the form. You	16	economic treatises have you been relying on for the		
17	may answer.	17	theory that where there's no legitimate supply,		
18	THE WITNESS: My view is both a matter	18	there there's no possibility for a delivery of		
19	of economic theory; there is demand that does	19	price?		
20	not meet supply, and therefore there is no	20	A That's Economics 101.		
21	price. But also, it is predicated, as my	21	MR. HONIK: Objection, asked and		
22	understanding of FDA regulation, and also,	22	answered.		
23	frankly, regulation that the pharmaceutical	23	THE WITNESS: It's Economics 101.		
24	industry itself has has wanted, which is	24	MR. HONIK: I think you got your		
25	that there is only the legitimate supply of	25	answer, Seth.		
	Page 187		Page 189		
1	products that are not adulterated and	1	THE WITNESS: Thank you.		
2	misbranded into the U.S. market, those that are	2	It is Economics 101. Literally, my		
3	valuable.	3	high school student was just taught that price		
4	BY MR. GOLDBERG:	4	is a function of supply and demand. So that		
5	Q Let's talk about the first part	5	is that is a familiar concept to anyone who		
6	A Wait. Wait. Wait. Wait.	6	has taken elementary economics.		
7	Hold on. Let me just let me just finish.	7	BY MR. GOLDBERG:		
8	So it is the it is the position of	8	Q What economic theory are you relying		
9	the pharmaceutical industry in the United States	9	on for the point that where there is a cGMP		
10	since at least the '60s, that they have wanted there	10	violation in a drug, there is no legitimate supply?		
11	to be very clear guidance about what is a legitimate	11	Which economic theory are you relying on?		
12	product, that meets the evidentiary standards, and	12	MR. HONIK: Objection,		
13	what is a not legitimate product that does not.	13	mischaracterizes her previous response.		
14	It is their position that they do not	14	THE WITNESS: Okay. Again,		
15	want products on the market that are misbranded,	15	Economics 101. There can be a demand curve for		
16	adulterated or otherwise contaminated.	16	products that have no supply, legitimate		
17	Q Are you finished?	17	supply. If there is no legitimate supply,		
18	A I am. Thank you for asking.	18	there is no economic price. That that is		
19	Q So the first part of that question,	19	just that is just elementary economics.		

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I'm asking you, what is the economic

So this is the most highly -- one of

22 theory for an adulterated drug equals no legitimate

23 supply? What's the economic theory for that?

24

25

20 BY MR. GOLDBERG:

Sure.

24 FDA's view?

Yes.

A

25

20 you said -- or answer, you said, "My view is more

22 does not meet supply, and therefore, there is no

23 price." And then you went on to talk about the

21 the matter of economic theory. There is demand that 21

	Page 190		Page 192
	the most highly regulated consumer products in	1	hyper high blood pressure or hypertension or
2	the in the U.S. marketplace. And it is the U.S.	2	prevent sequella.
3	regulator's perspective that products that do not	3	THE COURT REPORTER: Thank you.
4	meet the evidentiary standard of cGMP are not	4	BY MR. GOLDBERG:
5	considered prescription drugs.	5	Q Would there have been a cost
6	And I can point you to the orange book	6	associated with having to take one of those
7	where the FDA makes that statement. In other words,	7	alternative medications or treatments?
8	in order for a prescription drug to be sold in the	8	MR. HONIK: Object to the form, beyond
9	U.S., to enter into the commercial class of trade	9	the scope.
10	and be sold in a pharmacy, it must be produced in	10	THE WITNESS: It depends.
11	accordance with the cGMP at minimum and attested to	11	BY MR. GOLDBERG:
12	by the manufacturer, and in addition, meet other	12	Q If someone had to take a different
13	evidentiary standards for safety and efficacy.	13	ARB, they might have had to pay for that ARB, right?
14	That is the position of the U.S.	14	MR. HONIK: Object to the form.
15	government.	15	THE WITNESS: They may have. They may
16	Q Would you agree that patients who	16	have decided to manage their their treatment
17	would not have taken the at-issue valsartan would	17	in many other ways. Physicians can choose to
18	have because it was not supplied, in your view of	18	do many things. We know that demand for
19	the world, would not would have needed to take	19	valsartan products that were recalled dropped
20	another medication to treat their hypertension?	20	precipitously, and so those consumers went
21	MR. HONIK: Objection, beyond the	21	elsewhere. Where they went, there are many,
22	scope.	22	many options available to them and their
23	THE WITNESS: So are you saying	23	physicians.
24	that because I think I'm I think what	24	BY MR. GOLDBERG:
25	you're asking is, would there be demand for	25	Q Is it your analysis doesn't take
	Page 191		Page 193
1	treatment of hypertension and high blood	1	into account the cost that a consumer might have had
2	pressure regardless of whether these products	2	to pay for a different medication?
3	were on the market? Is that what you're	3	MR. HONIK: Object to the form.
4	asking?	4	THE WITNESS: Or do you mean or other
5	BY MR. GOLDBERG:	5	management techniques? Because there are many
6	Q Sure.	6	management techniques.
7	A Okay. Consumers in America who suffer	7	BY MR. GOLDBERG:
8	from high blood pressure or hypertension or other	8	Q Sure.
9	related conditions certainly seek treatment. They	9	A Some which would have cost less.
10	demand treatment for those conditions.	10	Q Your your analysis doesn't take
11	My understanding, and as I understand	11	into account any other any the cost of any
12	it, your own experts have suggested that there were	12	alternative treatment of medication, right?
13	many treatments available for those conditions,	13	MR. HONIK: Object to the form.
14	including uncontaminated, unadulterated valsartan	14	THE WITNESS: That is outside the
15	manufactured by Novartis, among others. And	15	scope of my report, sir.
16	other many other products and non-pharmaceutical	16	BY MR. GOLDBERG:
17	products	17	Q Is it possible that if it
18	THE COURT REPORTER: I'm sorry,	18	weren't if they hadn't taken the at-issue
19	Doctor, can you repeat the end of that?	19	valsartan products, consumers might have paid more
20	THE WITNESS: Sure.	20	for a hypertension medication?
21	Where so my understanding is that	21	MR. HONIK: Object to the form.
22	there are many products that are	22	THE WITNESS: I've learned in this
23	pharmaceutical, in addition to other	23	world anything is possible. I mean, there are
24	non-pharmaceutical products, that can treat the	24	many, many ways of controlling high blood
25	underlying conditions to either mitigate the	25	pressure and and other related conditions
23	anacitying conditions to either lilitigate the	23	pressure and and other related conditions

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1	that people may have taken valsartan for during	1	BY MR. GOLDBERG:
2	this time period. I have no opinion whether or	2	Q Okay. You said the drug shouldn't be
3	not those other therapeutic alternatives,	3	sold, and that it was an illegitimate supply, right?
4	including doing nothing, were lostless or	4	MR. HONIK: Object to form.
5	costly.	5	THE WITNESS: They are not the same
6	BY MR. GOLDBERG:	6	thing, sir.
7	Q Why is the cost of an alternative	7	BY MR. GOLDBERG:
8	medication not pertinent to your analysis?	8	Q Okay. If consumers would have paid
9	MR. HONIK: Object to the form, asked	9	more for a different drug because
10	and answered.	10	valsartan because the at-issue valsartan were not
11	THE WITNESS: Because my damages	11	sold, doesn't wouldn't that have mattered to your
12	calculation is focused on the injury that	12	analysis?
13	occurred to consumers and to end-party payors	13	MR. HONIK: Object to the form, asked
14	for contaminated, adulterated and misbranded	14	and answered, improper hypothetical, facts not
15	valsartan products that were recalled during	15	in evidence.
16	the time period. Whether or not people went	16	You can answer.
17	elsewhere, the downstream economic costs to	17	THE WITNESS: Thank you.
18	that to that contamination are of no moment	18	You have asked this question four
19	in my economic calculation.	19	times, and I have already answered it. But I'm
20	And maybe the way that I like to think	20	happy to answer it again.
21	of it is this way, which is I was asked to	21	Again, injury occurs at the time of
22	calculate damages associated with this injury,	22	the accident, at the time of at the time of
23	the defendants selling adulterated, misbranded	23	the accident. Whether consumers would have
24	products into the U.S. marketplace that	24	gone on to buy something else after the injury
25	consumers	25	occurred is of no moment. There was an
	Page 195		Page 197
1	THE COURT REPORTER: That consumers	1	economic loss. People bought things that
2	THE WITNESS: And end-payors or	2	shouldn't they that under the assumptions
3	insurers didn't know about.	3	that were given to me, Counsel, should not have
4	Injury occurs in other words, if	4	entered into the legitimate class of trade.
5	you get hit by a car, injury occurs at the time	5	BY MR. GOLDBERG:
6	of the car, being hit. If people go elsewhere	6	Q Okay. So I just asked you, your
7	after they hit their after their car was	7	testimony is that these drugs should not have
8	hit, maybe they buy a new car or it's more	8	entered into the class of trade, right?
9	costly, maybe they go without a car all	9	A No. What I was asked
10	together, that's that's not related to my	10	Q And my question is
11	calculation. It's of no moment. The	11	A No. What I was asked to assume is
12	economic	12	that these products were adulterated and misbranded.
13	BY MR. GOLDBERG:	13	If a product is adulterated and misbranded,
14	Q You	14	according to U.S. regulation and pharmaceutical
15	A Hold on. The economic loss occurs at	15	manufacturers, they are not allowed to enter into
16	the time of injury.	16	the U.S. class of trade. And therefore, there was
17	Q You said that this drug should not	17	no supply.
18	have been sold to those consumers, right?	18	Q Okay.
19	A That's not what I said, sir.	19	A Injury occurs because these
20	Q So the drug could have been sold to	20	products these contaminated products entered into
21	consumers?	21	the U.S. class of trade and people bought them. And
22	MR. HONIK: Object to form.	22	insurers purchased insurers paid for them. The
23	THE WITNESS: That's not what I said	23	economic loss arising, therefore, from the purchase
24	either, sir.	24	of products that, under this theory of damages,
25		25	should not have occurred.

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1	What people would have done after the	1	they would have had to purchase some other drug,		
2	injury, they switched products to another	2	right?		
3	prescription drug, they managed their hypertension	3	MR. HONIK: Object to the form. It's		
4	by diet and exercise, they underwent stent therapy,	4	been asked and answered, I don't know, 15 times		
5	all of those other things are of no moment to my	5	already.		
6	assessment of economic loss.	6	THE WITNESS: There are many, many		
7	BY MR. GOLDBERG:	7	treatments for hypertension and high blood		
8	Q I'm not talking about after the injury	8	pressure out there. Some of them are		
9	at this point. I'm talking about instead of the	9	pharmaceutical. Some of them are other things.		
10	injury. Instead of buying the at-issue valsartan	10	It's immaterial to my perspective. I am simply		
11	because it was not on the market and a consumer	11	focused on the people who actually bought or		
12	bought a different ARB or a different drug and paid	12	insured the contaminated, misbranded and		
13	more for that, that doesn't matter to your would	13	adulterated products at-issue in this matter.		
14	have paid more for that, that doesn't matter to your	14	BY MR. GOLDBERG:		
15	analysis?	15	Q Do you know the difference between		
16	MR. HONIK: Objection, asked and	16	compensatory damages and punitive damages?		
17	answered, improper hypothetical.	17	MR. HONIK: Object to the form,		
18	THE WITNESS: So I mean, really the	18	outside the scope, calls for an expert legal		
19	alternative here is not is that the	19	opinion.		
20	manufacturers actually sold unadulterated,	20	THE WITNESS: No. I'm not a lawyer.		
21	properly branded product, not that consumers	21	Maybe in my future life.		
22	were forced to go elsewhere, in my economic	22	BY MR. GOLDBERG:		
23	analysis.	23	Q In your view, the damages you		
24	BY MR. GOLDBERG:	24	calculated, are you are you calculating damages		
	Q In an economic analysis where a	25	to		
25	Q III all economic analysis where a	25	to compensate consumers or their loss or deter		
25	Page 199	25	Page 201		
25	•	1	Page 201		
	Page 199		Page 201 manufacturers from making drugs that have		
1	Page 199 consumer would have taken a different drug instead	1	Page 201 manufacturers from making drugs that have		
1 2	Page 199 consumer would have taken a different drug instead of the at-issue valsartan, and they would have paid	1 2	Page 201 manufacturers from making drugs that have adulterations or misbranding?		
1 2 3	Page 199 consumer would have taken a different drug instead of the at-issue valsartan, and they would have paid the same or more for that different drug, did the	1 2 3	Page 201 manufacturers from making drugs that have adulterations or misbranding? MR. HONIK: Same objection to the		
1 2 3 4	Page 199 consumer would have taken a different drug instead of the at-issue valsartan, and they would have paid the same or more for that different drug, did the consumer have an economic injury?	1 2 3 4	Page 201 manufacturers from making drugs that have adulterations or misbranding? MR. HONIK: Same objection to the extent it calls for a legal conclusion.		
1 2 3 4 5	Page 199 consumer would have taken a different drug instead of the at-issue valsartan, and they would have paid the same or more for that different drug, did the consumer have an economic injury? MR. HONIK: Objection, asked and	1 2 3 4 5	Page 201 manufacturers from making drugs that have adulterations or misbranding? MR. HONIK: Same objection to the extent it calls for a legal conclusion. You may answer.		
1 2 3 4 5 6	Page 199 consumer would have taken a different drug instead of the at-issue valsartan, and they would have paid the same or more for that different drug, did the consumer have an economic injury? MR. HONIK: Objection, asked and answered, improper hypothetical.	1 2 3 4 5 6	Page 201 manufacturers from making drugs that have adulterations or misbranding? MR. HONIK: Same objection to the extent it calls for a legal conclusion. You may answer. THE WITNESS: I'm sorry. I I		
1 2 3 4 5 6 7	Page 199 consumer would have taken a different drug instead of the at-issue valsartan, and they would have paid the same or more for that different drug, did the consumer have an economic injury? MR. HONIK: Objection, asked and answered, improper hypothetical. THE WITNESS: From my perspective, if	1 2 3 4 5 6 7	Page 201 manufacturers from making drugs that have adulterations or misbranding? MR. HONIK: Same objection to the extent it calls for a legal conclusion. You may answer. THE WITNESS: I'm sorry. I I didn't quite follow. Can you slow down and ask		
1 2 3 4 5 6 7 8	Page 199 consumer would have taken a different drug instead of the at-issue valsartan, and they would have paid the same or more for that different drug, did the consumer have an economic injury? MR. HONIK: Objection, asked and answered, improper hypothetical. THE WITNESS: From my perspective, if the consumer did not buy adulterated or and	1 2 3 4 5 6 7 8	Page 201 manufacturers from making drugs that have adulterations or misbranding? MR. HONIK: Same objection to the extent it calls for a legal conclusion. You may answer. THE WITNESS: I'm sorry. I I didn't quite follow. Can you slow down and ask not a compound question, but in parts?		
1 2 3 4 5 6 7 8 9 10 11	Page 199 consumer would have taken a different drug instead of the at-issue valsartan, and they would have paid the same or more for that different drug, did the consumer have an economic injury? MR. HONIK: Objection, asked and answered, improper hypothetical. THE WITNESS: From my perspective, if the consumer did not buy adulterated or and misbranded, illegitimate valsartan products,	1 2 3 4 5 6 7 8	Page 201 manufacturers from making drugs that have adulterations or misbranding? MR. HONIK: Same objection to the extent it calls for a legal conclusion. You may answer. THE WITNESS: I'm sorry. I I didn't quite follow. Can you slow down and ask not a compound question, but in parts? BY MR. GOLDBERG:		
1 2 3 4 5 6 7 8 9 10 11 12	Page 199 consumer would have taken a different drug instead of the at-issue valsartan, and they would have paid the same or more for that different drug, did the consumer have an economic injury? MR. HONIK: Objection, asked and answered, improper hypothetical. THE WITNESS: From my perspective, if the consumer did not buy adulterated or and misbranded, illegitimate valsartan products, they are not injured.	1 2 3 4 5 6 7 8 9	Page 201 manufacturers from making drugs that have adulterations or misbranding? MR. HONIK: Same objection to the extent it calls for a legal conclusion. You may answer. THE WITNESS: I'm sorry. I I didn't quite follow. Can you slow down and ask not a compound question, but in parts? BY MR. GOLDBERG: Q Turn to Paragraph 45 of your report.		
1 2 3 4 5 6 7 8 9 10 11	Page 199 consumer would have taken a different drug instead of the at-issue valsartan, and they would have paid the same or more for that different drug, did the consumer have an economic injury? MR. HONIK: Objection, asked and answered, improper hypothetical. THE WITNESS: From my perspective, if the consumer did not buy adulterated or and misbranded, illegitimate valsartan products, they are not injured. So all of those people between 2012 and 2018 that took Novartis-brand valsartan that was not recalled or contaminated, they are	1 2 3 4 5 6 7 8 9 10 11	Page 201 manufacturers from making drugs that have adulterations or misbranding? MR. HONIK: Same objection to the extent it calls for a legal conclusion. You may answer. THE WITNESS: I'm sorry. I I didn't quite follow. Can you slow down and ask not a compound question, but in parts? BY MR. GOLDBERG: Q Turn to Paragraph 45 of your report. A So we're moving on? You're not going		
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1 2 3 4 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Page 199 consumer would have taken a different drug instead of the at-issue valsartan, and they would have paid the same or more for that different drug, did the consumer have an economic injury? MR. HONIK: Objection, asked and answered, improper hypothetical. THE WITNESS: From my perspective, if the consumer did not buy adulterated or and misbranded, illegitimate valsartan products, they are not injured. So all of those people between 2012 and 2018 that took Novartis-brand valsartan that was not recalled or contaminated, they are out of my class. They are out of the my calculation of damages. All of those people between 2012 and 2018 that used other therapeutic modalities to treat their hypertension are of no moment to me, in my economic analysis. My economic analysis is only focused on the people who purchased adulterated and	1 2 3 4 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	manufacturers from making drugs that have adulterations or misbranding? MR. HONIK: Same objection to the extent it calls for a legal conclusion. You may answer. THE WITNESS: I'm sorry. I I didn't quite follow. Can you slow down and ask not a compound question, but in parts? BY MR. GOLDBERG: Q Turn to Paragraph 45 of your report. A So we're moving on? You're not going to ask that question? Q I'm moving on. A Oh, okay. Q Do you have Paragraph 45 up? A Uh-huh. Q In Paragraph 45, you write, "Assigning a non-zero value to non-safety and quality compliant products is perverse. To do so would be to incentivize and legitimize cheating and noncompliance by manufacturers and other members of		

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Is it your opinion that -- that the

And if they didn't make that purchase,

25

Q

25

Q

1 damages you calculated are intended to 2 disincentivize manufacturers from cheating and 3 noncompliance? 4 MR. HONIK: Object to the form. 5 BY MR. GOLDBERG: 6 Q Well, let me put it another way. 7 Are you are you suggesting that 8 manufacturers should be deterred from cheating and 9 noncompliance? 10 A It is the U.S. government's position, 11 evolving over time, and also pharmaceutical 12 manufacturers' position, that the illegitimate, 13 misbranded, adulterated, contaminated, criminal 14 class of trade of prescription drugs should be 1 damages associated with misconduct. 2 BY MR. GOLDBERG: 3 Q Right. So 4 A Myself I mean, from, again, 5 economic perspective, these products are 6 The court has agreed. Consumers and th 7 payors suffered an economic harm. And 8 calculates that economic harm, which is to counter. 11 Q Why do you why is it necess 12 you to to say that a nonzero value is personal and would incentivize to you? What we have to do with your economic calculates.	Page 204
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14 class of trade of prescription drugs should be 14 that have to do with your economic calcu	
	hat does
	lation?
15 minimized at, if at all, at all possibilities. 15 A It goes because it goes bec	ause
There's 100 years of focus on reducing 16 assigning a nonzero value goes against U	.S. policy
17 products that pick the pocket of consumers, don't do 17 and the pharmaceutical companies' own p	
18 what they say or could even cause harm. To allow 18 the matter of illegitimate products for the	better
19 those products onto the market to legitimate this 19 part of 50 and if you count from 1906,	the better
20 type of cheating, goes against U.S. policy and, 20 part of more than 100 years of U.S. polic	y. But,
21 frankly, the pharmaceutical industry's position, for 21 again, products that are illegitimate, that	do not
22 the better part of many decades. 22 meet cGMP, that would not be allowed to	come into
23 BY MR. GOLDBERG: 23 the U.S. market, they have no economic	value. And
24 Q So in calculating the damages the way 24 the court agrees with me.	
25 you have, are you taking into account the need to 25 THE COURT REPORTER: An	d the I'm
Page 203	Page 205
1 deter manufacturers from wrongdoing, as you put it? 1 sorry.	
2 MR. HONIK: Object to the form, calls 2 THE WITNESS: And the court	agrees
3 for a legal conclusion, beyond the scope of her 3 with me on that point.	
4 report. 4 COURT REPORTER: Thank y	ou.
5 THE WITNESS: I'm sorry. I don't 5 THE WITNESS: Thank you.	
6 quite understand your question. Can you please 6 BY MR. GOLDBERG:	
7 repeat it? 7 Q I just want to confirm, you have	e not
8 BY MR. GOLDBERG: 8 made any attempt to consider whether a consider w	
9 Q In calculating in calculating the 9 would have paid a different co-payment to	for a
10 damages that you've calculated, are you trying to 10 different drug but for their purchase of variations of variations are some of variations of variations of variations and variations of variati	alsartan?
11 also account for some punishment, if you will, of 11 MR. HONIK: Object to the form	n.
12 manufacturers of the defendants for manufacturing 12 THE WITNESS: I already answ	ered this
13 drugs that had an impurity in it? 13 question, sir.	
MR. HONIK: Same objection. She's not 14 But, again, all I considered in m	y
a lawyer, beyond the scope. 15 analysis is what consumers actually particles.	aid for
16 THE WITNESS: I'm sorry. I don't I 16 these at-issue products.	
don't quite understand what you mean. Am I 17 BY MR. GOLDBERG:	
trying to punish the manufacturers? Is that 18 Q And the same is true for TPPs?	All
what you're asking? 19 you considered for end-payors or third-payors.	arty payors
20 BY MR. GOLDBERG: 20 is what they actually paid for the product	?
21 Q Yes. 21 THE COURT REPORTER: Is v	what they
	-
22 MR. HONIK: Same objection. 22 actually	product.
22 MR. HONIK: Same objection. 22 actually 23 THE WITNESS: Again, that's no moment 23 MR. GOLDBERG: Paid for the	

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	RESTRICTED CONFIDENTIAL				
	Page 206		Page 208		
1	BY MR. GOLDBERG:	1	Again, the retailers are different. But		
2	Q Just moving on into another area of	2	THE COURT REPORTER: But from the		
3	your report	3	defendants		
4	THE WITNESS: Excuse me. If we're	4	MR. HONIK: I think she said the		
5	moving on, before there's a question pending,	5	retailers are different.		
6	do you mind if we take a break, please?	6	THE WITNESS: Right. For the		
7	MR. GOLDBERG: No, that's fine.	7	defendants, the measure of economic liability		
8	THE VIDEOGRAPHER: The time is 4:41.	8	is the same. It's the price that was paid.		
9	We're going off the record.	9	And for the retailers, it's different.		
10	(Whereupon, a short break was taken.)	10	THE COURT REPORTER: Thank you.		
11	THE VIDEOGRAPHER: The time is 4:52.	11	BY MR. GOLDBERG:		
12	This begins Media Unit Number 5. We're back or	l	Q And leaving aside unjust enrichment,		
13	the record.	13	in what way is is it different for the retailers?		
14	BY MR. GOLDBERG:	14	A Let's go down and talk about it.		
15	Q Dr. Conti, can you turn in your report	15	So the the retailers sold the		
16	to Paragraph 58?	16	product to consumers, and they obtained their own		
17	A I'm there.	17	benefit from selling these products. So it's the		
18	Q At the beginning of this paragraph,	18	economic loss or economic gain associated with the		
19	you say, "Plaintiffs' counsel have asked me to	19	retailers' sale that's different than the		
20	calculate damages for four different theories of	20	defendants' sale.		
21	liability against the manufacturer defendants and	21	Q Okay. I'm not going to get into the		
22	two different theories of liability and one theory	22	economic damages for the retailers, at this point.		
23	of unjust enrichment against the defendant	23	I'm I'm going to leave that for somebody else.		
24	retailers."	24	You have that you made that		
25	Do you see that?	25	statement. I just wanted to clarify that one point.		
	<u>·</u>		J		
		l	Page 200		
1	Page 207 A Yes	1	Page 209 In terms of the the manufacturer		
1 2	A Yes.	1 2	In terms of the the manufacturer		
2	A Yes. Q The unjust enrichment damages that you	2	In terms of the the manufacturer damages, you you relied you're relying on data		
2 3	A Yes. Q The unjust enrichment damages that you calculated, did you apply the same measure of	2 3	In terms of the the manufacturer damages, you you relied you're relying on data from IQVIA? Am I correct?		
2 3 4	A Yes. Q The unjust enrichment damages that you calculated, did you apply the same measure of damages to all of the different theories of	2 3 4	In terms of the the manufacturer damages, you you relied you're relying on data from IQVIA? Am I correct? A Right. I'm relying on national sales		
2 3	A Yes. Q The unjust enrichment damages that you calculated, did you apply the same measure of damages to all of the different theories of liability?	2 3	In terms of the the manufacturer damages, you you relied you're relying on data from IQVIA? Am I correct? A Right. I'm relying on national sales by product, manufacturer, month, state and payment		
2 3 4 5	A Yes. Q The unjust enrichment damages that you calculated, did you apply the same measure of damages to all of the different theories of liability? A They differ by the states included in	2 3 4 5	In terms of the the manufacturer damages, you you relied you're relying on data from IQVIA? Am I correct? A Right. I'm relying on national sales by product, manufacturer, month, state and payment types of who the payor is. And I'm also relying on		
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2 3 4 5 6 7 8	A Yes. Q The unjust enrichment damages that you calculated, did you apply the same measure of damages to all of the different theories of liability? A They differ by the states included in the calculations. Q To your knowledge, is that the only difference that as between these different	2 3 4 5 6 7 8	In terms of the the manufacturer damages, you you relied you're relying on data from IQVIA? Am I correct? A Right. I'm relying on national sales by product, manufacturer, month, state and payment types of who the payor is. And I'm also relying on national data related to the co-payment amounts, or co-insurance amounts, that consumers paid. Again, by product, payor, state, month, year.		
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A Yes. Q The unjust enrichment damages that you calculated, did you apply the same measure of damages to all of the different theories of liability? A They differ by the states included in the calculations. Q To your knowledge, is that the only difference that as between these different theories of liability? A Generally, yes. And then I mean, in terms of the defendants, the terms of the retailers, there's both data and THE COURT REPORTER: And what? And what, Doctor? THE WITNESS: And states that are different from the retailers. BY MR. GOLDBERG: Q In terms of the measure of damages for all of the liability, leaving aside unjust enrichment, the measure of damages for all of them is the same, which is a full refund of the price	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	In terms of the the manufacturer damages, you you relied you're relying on data from IQVIA? Am I correct? A Right. I'm relying on national sales by product, manufacturer, month, state and payment types of who the payor is. And I'm also relying on national data related to the co-payment amounts, or co-insurance amounts, that consumers paid. Again, by product, payor, state, month, year. Q And how did you get the data that you relied upon? A I instructed my staff to purchase the data on my behalf. THE COURT REPORTER: To purchase? THE WITNESS: To purchase, yes. BY MR. GOLDBERG: Q Did you provide a specific instruction as to what what parameters you were looking for for them to purchase? A I think I just made that clear in my previous answer, sir.		

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THE WITNESS: Correct. Yeah, correct.

25

25 drugs in the U.S. consumer market.

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	Page 210		Page 212		
1	Q Do you know whether there are any	1	5 1		
2	limitations to the IQVIA data you relied upon or	2	used Xponent data for my own research in many, many		
3	purchased?	3	different contexts. And so those limitations for		
4	A Oh, goodness, Mr. Goldberg, there are	4	this type of data are very well known. They're well		
5	always limitations, but they are the gold standard.	5	characterized, and I cite those in my report, the		
6	They are used by the pharmaceutical industry	6	fact that Xponent doesn't contain all consumer		
7	themselves for assessing sales of products both in	7	co-insurance.		
8	their own market but also in competitor markets.	8	THE COURT REPORTER: Co-insurance		
9	And, you know, I am not aware of a product that is	9	THE WITNESS: Co-payment amounts that		
10	better.	10	consumers pay paid for these products is		
11	Q Do you know that there are some	11	accounted for in a specific way in this		
12	sources of data that IQVIA is not able to obtain and	12	analysis. Specifically, I took average		
13	makes projections in place of the data that they	13	insurance and co-payment amounts by product,		
14	can't obtain?	14	month, year, manufacturer and applied that to		
15	A So the Xponent data that I used is	15	the analysis		
16	comprised of approximately 92 percent of total	16	THE COURT REPORTER: The analysis		
17	prescription sales for legitimate consumer	17	THE WITNESS: When appropriate.		
18	product legitimate pharmaceutical products in the	18	THE COURT REPORTER: One more time.		
19	U.S. class of trade. There are some holes in their	19	THE WITNESS: When appropriate.		
20	audit, but with prescription manufacturers and	20	COURT REPORTER: I'm sorry. Thank		
21	pharmacies. But those are not holes that are	21	you.		
22	particularly relevant to these specific products.	22	THE WITNESS: No problem. It's the		
23	What I mean by that is that we know	23	end of a day.		
24	that Xponent data does not have does not have	24	BY MR. GOLDBERG:		
25	good purview into drugs that are sold to some	25	Q From the IQVIA data, the Xponent data,		
	Page 211		Page 213		
1	hospitals in the U.S. and some specialty pharmacies.	1	you that data does not identify the specific		
2	But those are not these are	2	patients who purchased valsartan, right?		
3	not these products at-issue here are not really	3	A It's inclusive of all patients that		
4	those drugs. It's largely drugs that are that	4	purchased valsartan or who prescribed and dispense		
5	are used in the inpatient setting to treat very,	5	valsartan by definition.		
6	very sick people in the ICU and and otherwise.	6	Q You can't use that data to identify		
7	The retail class of trade from regular	7	any particular patient, right?		
8	pharmacies like CVS and Walgreens are the are the		A Correct, it is inclusive of all.		
9	products that are at-issue here and that in that	9	Q And you can't use that data to		
10	class of trade.	10	identify any particular payor for valsartan?		
11	THE COURT REPORTER: That class of		A That is that is incorrect.		
12	that class of trade	12	Q I thought - I thought I just heard you		
13	THE WITNESS: That is at-issue in this	13	say that, so maybe I misheard you.		
14	math certificate.	14	A No.		
15	Xponent also doesn't capture all	15	MR. HONIK: Wait. Wait. Wait for a		
16	co-insurance and co-payment amounts. It	16	question. Wait for a question.		
17	captures approximately 80 percent that are	17	MR. GOLDBERG: Okay. I did mishear		
18	purchased, not all that are purchased or all	18	you. You said prescribe and dispense.		
19	that are paid in the legitimate consumer	19	BY MR. GOLDBERG:		
20	legitimate pharmaceutical market in the U.S.	20	Q Does the IQVIA does the IQVIA data		
21	And my methods account for that.	21	permit you to determine a particular class member's		
22	BY MR. GOLDBERG:	22	damages in this case?		
23	Q How do your methods account for that?	23	A The IQVIA data allows me to		
24	How do you explain that?	24	disaggregate sales of products by product, and by		
25	A So I explain the limitations of this	25	payor type.		

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1	Q So no, you couldn't get to a	1	specific payor. There are payor variables that
2	particular class member's data in this case through	2	are pretty specific in the IQVIA data that
3	the IQVIA data?	3	would allow me to characterize or identify
4	A I'm not sure I understand what you	4	payors to a pretty specific degree.
5	mean by "class member." I mean, my my excuse	5	BY MR. GOLDBERG:
6	me. My understanding is that class members are, by	6	Q What what is that specific degree?
7	definition, defined buy payor type and also by	7	A So I know where the payor is located,
8	state.	8	what the payor's type is, and also what the payor's
9	Q Did you look at the IQVIA data and	9	name is for each individual product, month, year,
10	determine what a particular consumer paid for	10	combination.
11	valsartan in cash?	11	Q And by "payor," you're when you're
12	MR. HONIK: Objection, asked and	12	talking about you're talking about third-party
13	answered.	13	payors? When you're talking about getting to that
14	THE WITNESS: It is inclusive of all	14	level of specificity, you're talking about
15	payments made by all consumers who are	15	third-party payors or consumers?
16	presumable class members, and it's inclusive of	16	A Third-party payors.
17	all payors that are inclusive of all payor	17	Q When you calculated average co-pays,
18	class members by month, state, year and	18	did you exclude co-pays 0-dollar co-pays in your
19	product.	19	averaging?
20	BY MR. GOLDBERG:	20	MR. HONIK: Object to form.
21	Q Right. It doesn't get it doesn't	21	THE WITNESS: I did not.
22	allow you to drill down to what a particular	22	BY MR. GOLDBERG:
23	consumer paid	23	Q Is it the you just mentioned the
24	MR. HONIK: Do you mean without more?	24	the specificity with respect to TPPs. Is it your
25	Do you mean without more? Is that what you	25	view and understanding that all TPPs are advised in
	Page 215		Page 217
1	mean, Seth?	1	
2	MR. GOLDBERG: The question is	2	A Well, the TPPs that I used for my
3	pending. I asked her about the Xponent data.	3	damage calculations met certain criteria.
4	MR. HONIK: The problem is you've	4	Q What were those criteria?
5	asked it six times. I think she's answered it	5	A They're listed in my report.
6	as best she can. It's aggregate data is what	6	Q Do you want to point to that?
7	she's saying, and if you're asking	7	A Sure, give me a second. Are you with
8	MR. GOLDBERG: Are you testifying?		me?
9	MR. HONIK: No. I'm just I think	9	Q Uh-huh.
10	you're going round and round.	10	A Okay, great. Page 29 of my report,
11	But answer it as best you can.	11	Paragraph 75, I define end-payor class damages. And
12	THE WITNESS: Can you restate the	12	in Paragraph 75, I say, "my calculation of
13	question, please?	13	End-Payor Class damages includes three parts.
14	BY MR. GOLDBERG:	14	First, I limit both sets of Xponent data" both
15	Q The IQVIA data doesn't allow you to	15	the total national sales but also co-insurance
16	drill down to what a particular class member paid	16	co-payments, they are actually two separate
17	for at-issue valsartan?	17	datasets, "to exclude cash paid claims as well as
18	MR. HONIK: Object to form, asked and	18	claims paid by the following state and federal
19	answered.	19	government entities (based on plan categories or
20	THE WITNESS: So, again, IQVIA's data	20	plan names in the Xponent data):"
21	is specific to the product, month, year, payor	21	"CHIP," Children's Health Insurance
1		22	Program, "federal assistance programs, Medicare
22	and state. And therefore and across all the		
22 23	and state. And therefore and across all the U.S. And therefore, it is it is it		
23	U.S. And therefore, it is it is it	23	Parts A and B", Medicare Part A is for hospital
1			

55 (Pages 214 - 217)

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1	And Medicare Part B, which is the insurance that	1	government payors should be included in your damages	
2	covers drugs that are infused or injected or	2	calculation?	
3	otherwise given to patients in a medical office.	3	MR. HONIK: Same objection as	
4	State insurance programs assistance	4	previously stated.	
5	programs, to include ADAP. ADAPs are state	5	THE WITNESS: It's by instruction of	
6	assistance programs with people with HIV or other	6	counsel.	
7	infectious disease. Tricare, a military program	7	BY MR. GOLDBERG:	
8	a military insurance program, department of Veterans	8	Q Whatever counsel told you to	
9	Affairs, another another military insurance	9	calculate, that's what you calculated?	
10	program, the Indian Health Service, state employee	10	MR. HONIK: Objection to form.	
11	plans, which include city and county plans sorry.	11	THE WITNESS: That is not what I said,	
12	Not I didn't exclude city and county plans. And	12	sir.	
13	Workers Compensation plans.	13	BY MR. GOLDBERG:	
14	And you can see there's a note that	14	Q Whatever counsel told you to include	
15	follows that. This occurs for 464 distinct	15	is what you included, and what they told you to	
16	combinations of manufacturer, product, state and	16	exclude is what you tried to exclude.	
17	month out of the 36,000ish oh, no, I'm sorry.	17	MR. HONIK: Object to form. That is	
18	Right. It includes the valsartan class definitions	18	not her testimony.	
19	and exclusions. It's it's Footnote 17.	19	THE WITNESS: That is not my	
20	Q Why why did you what do you	20	testimony, sir.	
21	understand your reason for excluding the claims paid		BY MR. GOLDBERG:	
22	by those state and federal government entities? Why	22	Q Going down into this paragraph, you	
23	did you want to exclude those from your	23	say, "I did not exclude Medicare Part D plan	
24	calculations?	24	sponsors because they are private entities that	
25	A That was a	25	offer prescription drug benefits, and I did not	
		23		
,	Page 219	1	Page 221	
1	THE COURT REPORTER: That was a what?	1	exclude federal employee plans because they are	
2	THE WITNESS: A part of the	2	provided by private insurers."	
3	instruction of counsel.	3	A There's other things in that sentence	
4	BY MR. GOLDBERG:	4	as well that you kind of skipped over.	
5	Q Do you understand that you're	5	Q Again, just focusing on the first part	
6	you're excluding them to avoid including claims in	6 7	of the sentence, Medicare the Medicare Part D	
	your calculation by payors who are excluded from the		1 1	
8	GPP class definition, such as	8	A Do you mean the second part of the	
9	THE COURT REPORTER: Such as sorry.	9	sentence? Do you mean the second?	
10	Hold on. I didn't hear the end of the	10	Q No.	
11	question.	11	A I mean, I'm just trying to follow,	
12	MR. HONIK: She needs you to repeat	12	sir.	
13	it, Seth, the last part, the last part. Jamie,	13	So the first part of the sentence,	
14	read what you have.	14	which you kind of skipped over half of it, I said,	
15	MR. GOLDBERG: Such as government	15	"I also excluded prescriptions for which the	
16	payors.	16	consumer is not covered by insurance but uses a	
17	MR. HONIK: Object to form and object	17	coupon that reduces their total costs, including	
18	to the extent it calls for a legal conclusion	18	discount cards and vouchers. I did not exclude	
19	or expertise.	19	Medicare Part D plan sponsors because they are	
20	You can answer.	20	private entities that offer prescription drug	
21	THE WITNESS: Thank you.	21	benefits, and I did not exclude federal employee	
22	Again, the exclusion was based on	22	plans because they are provided by private	
23	instruction from counsel.	23	insurers."	
24	BY MR. GOLDBERG:	24	Q I want to focus on the Medicare Part D	
25	Q Do you have any view as to whether	25	plan part of that. Okay?	

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	Page 222		Page 224	
1	In that part of this paragraph, you're	1	BY MR. GOLDBERG:	
2	referring to third-party payors who are private	2	Q Do you know whether those Part D plan	
3	insurers that have, as part of their product mix, a	3	sponsors that are commercial entities receive	
4	Medicare Part D plan; am I correct?	4	funding from the federal government?	
5	A I don't quite understand your	5	MR. HONIK: Object to form.	
6	question. I'm sorry.	6	THE WITNESS: They do under certain	
7	Q Your sentence says, "I did not exclude	7	circumstances, but that's separate from the	
8	Medicare part D plan sponsors because they are	8	premiums that are paid by actual seniors for	
9	private entities that offer prescription drug	9	their insurance coverage.	
10	benefits."	10	BY MR. GOLDBERG:	
11	My question is, you're referring to	11	Q Did you factor into your calculation	
12	third-party payors who have Medicare Part D plans,	12	any amounts that the federal government might have	
13	private entities that have Medicare Part D plans as	13	paid to private commercial third-party payors that	
14	part of their their offerings to consumers,	14	offer Medicare Part D plans?	
15	correct?	15	MR. HONIK: Object to form, asked and	
16	A No.	16	answered.	
17	MR. HONIK: Object to form.	17	THE WITNESS: Again, consumers who are	
18	BY MR. GOLDBERG:	18	seniors are required to have to purchase	
19	Q What are you referring to then?	19	prescription drug benefit from these Part D	
20	A So there are third-party payors, so,	20	plans. They pay premiums. And then they have	
21	for example, Aetna. Aetna includes sales plans that	21	an insurance schedule on how much they are	
22	are to consumers that are for people who are	22	required to pay out-of-pocket for each and	
23	employed, for people who are in the individual	23	every prescription drug that is dispensed to	
24	insurance market, and also sells plans to consumers	24	them.	
25	who may be Medicare eligible.	25	Since injury occurs at the point of	
	Page 223		Page 225	
1	A Medicare Part D plan is one that is	1	sale, it is the insurance price that is paid,	
2	sold by commercial insurers such as Aetna, United,	2	both by the payor itself, and by the consumer	
3	et cetera, to seniors who are required to have	3	at the pharmacy counter, than it is at issue in	
4	Part D prescription drug benefits.	4	my damage calculation.	
5	Q Are you familiar with how	5	Whether or not there are side payments	
6	Medicare Part D claims are reimbursed?	6	or subsidies or anything else that those plans	
7	A I am. But how is that relevant to	7	or those consumers may face, is of no moment to	
8	this case, sir?	8	my economic analysis.	
9	Q Do you believe that the TPPs that	9	And the way I like to think about it	
10	provide Medicare Part D plans bear 100 percent of	10	is that if I am injured in a car accident, if I	
11	the cost of reimbursement for enrollees of those	11	receive side payments from my mother, for	
12	plans?	12	example, to pay for my car repair or pay for	
13	MR. HONIK: Object to the form.	13	myself to the receive medical treatment,	
14	THE WITNESS: I think okay. So	14	that has nothing to do with the economic loss I	
15	what insurance what defines a commercial	15	suffered from having from being injured,	
16	insurance plan is that consumers, you and me,	16	from being in a car accident. And therefore,	
17	my mother, who is Medicare eligible, pay	17	those side payments, even if they exist, are of	
18	premiums to a commercial insurer, as opposed to	18	no moment in my analysis. Injury occurs at the	
19	paying premiums or are otherwise insured by a	19	point of sale.	
20	private by a public insurer.	20	COURT REPORTER: I'm sorry?	
21	Part D plans receive premiums from the	21	THE WITNESS: Injury occurs at the	
22	people who are insured by them, just like the	22	point of sale.	
23	plans that are sold to non-seniors receive	23	BY MR. GOLDBERG:	
24	premiums from the people who are insured by	24	Q So did you not factor in that	
25	them. They're exactly the same.	25	third-party payors who offer Medicare Part D plans	
	• •		I * I *	

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	Page 226		Page 228
1	receive respective subsidies from the federal	1	donut hole, they would have to spend something
2	government to cover their beneficiaries'	2	like \$400, maybe a little bit more, in order to
3	prescription drug purchases?	3	even get into that phase of the benefit.
4	MR. HONIK: Object to form, asked and	4	And I think the limit for catastrophic
5	answered.	5	coverage during this time period is more like
6	THE WITNESS: Again, they only do so	6	\$8,000.
7	sometimes in a prospective way. Largely, those	7	COURT REPORTER: Is what?
8	payments are made retrospectively and only for	8	THE WITNESS: Is more like \$8,000.
9	certain types of prescription drugs. I have	9	BY MR. GOLDBERG:
10	not seen any evidence to suggest that the	10	Q Yes or no
11	valsartan products at issue in this case were	11	A It's not a yes or no question, sir.
12	ones that were either directly paid by the	12	Q This let me ask the question.
13	federal government or were part of those	13	Yes or no, did you factor in any
14	retrospective payments that the government	14	payments made by the federal government to
15	might have made.	15	third-party payors offering Medicare Part D plans?
16	Usually, those type of direct	16	Yes or no, did you factor that into your
17	payments, or retrospective payments, are made	17	calculation?
18	for really expensive specialty drugs used in	18	MR. HONIK: Object to form, asked and
19	the cancer setting, in the immunology setting,	19	answered. You can't direct the witness to
20	with prices of \$10,000 or more for treatment.	20	answer it in a manner in which you'd like. If
21	That's not what we're talking about in this	21	she tells you she's unable to answer it yes or
22	case.	22	no, she can provide an answer.
23	BY MR. GOLDBERG:	23	Please do so.
24	Q But you haven't considered any amount	24	THE WITNESS: Thank you.
25	that the federal government might have paid to any	25	So, again, the vast majority of
	Page 227		Page 229
1	TPPs for in connection with their Medicare Part D	1	seniors who have prescription drug benefits
2	plans, right?	2	through Part D my mother is one of them. I
3	MR. HONIK: Object to the form, asked	3	might know more about this than I should. They
4	and answered.	4	pay premiums, and they also pay at the pharmacy
5	THE WITNESS: Again, I'm not aware of	5	counter when they get a prescription at a
6	any evidence to suggest that third-party payors	6	low-cost generic, such as the at-issue
7	receive direct payments from the federal	7	valsartan in this case.
8	government to underwrite any senior's sale or	8	So that whether if those TPPs,
9	purchase of valsartan at-issue products in this	9	those third-party payors receive side payments
10	case.	10	from the federal government, or other types of
11	Again, usually those type of payments	11	payments from the federal government, is really
12	in the catastrophic limit, for example, of	12	not material to this because there's no
13	Part D, those are pages that are made either	13	evidence to suggest that low-cost generics are
14	retrospectively after the injury would have	14	ever in that phase of the benefit where the
15	occurred, or are for products that are not at	15	third-party payor would actually pay the side
16	issue here. They're for drugs that are really	16	payments.
17	expensive and for which patients have blown	17	BY MR. GOLDBERG:
18	through the donut hole, are in the catastrophic	18	Q What do you understand the third-party
19	phase of their benefit design. That's	19	payors' point of sale to be? You mentioned the
20	that's not what we're talking about here.	20	consumer paying at the retail pharmacy. What do you
21	These are generic products that are	21	understand the TPPs' point of sale to be?
22	I think, you know, the average co-insurance	22	A When the consumer goes to fill their
23	amount that I that I calculated was	23	prescription at the pharmacy counter, the pharmacy
24	somewhere on the order of \$12. Consumers	24	runs a check on what insurance that patient has and
25	could, I think to get out of the into the	25	how much the patient needs to pay out of pocket.
123	coura, I timik to get out of the into the	25	now mach the patient needs to pay out of pocket.

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	Page 230		Page 232		
1	The point of sale for both, what the pharmacy	1	legitimate supply curve based on the assumptions		
2	expects to receive from the consumer and what the	2	given to me by counsel.		
3	pharmacy expects to receive from the insurer is	3	Q And regardless of any benefit that a		
4	exactly the same.	4	TPP might have received, they got from their		
5	Those transactions occur within	5	insured's treatment with the at-issue valsartan,		
6	seconds, and the pharmacy dispenses the product to a	6	your view is that the drug, as to that TPP, is still		
7	consumer predicated on their existence of insurance	7	worthless?		
8	and the insurance saying that, yes, they will pay	8	MR. HONIK: Object to form, asked and		
9	for that product, dispense that beneficiary. It's	9	answered.		
10	exactly the same.	10	THE WITNESS: I'm sorry. I didn't		
11	Q We were you talked a lot about	11	really did not follow your question. There's a		
12	value and therapeutic value of the at-issue	12	lot of compound phrases there. Can you please		
13	valsartan, what the consumers receive. And you	13	restate?		
14	explained that there was an illegitimate supply for	14	BY MR. GOLDBERG:		
15	at-issue valsartan, and therefore, even though there	15	Q Regardless of any benefit that a TPP		
16	was a demand, the drug was worthless. Is that the	16	might have perceived they received from their		
17	same that worthless as to consumers, is that the	17	insured's treatment with the at-issue valsartan, as		
18	same as to third-party payors?	18	to that TPP, the drug is still worthless in your		
19	MR. HONIK: Object to the form. It's	19	view?		
20	a little bit	20	MR. HONIK: Object to the form, asked		
21	THE COURT REPORTER: I'm sorry. I	21	and answered.		
22	didn't hear the end of the question.	22	THE WITNESS: I don't understand what		
23	MR. HONIK: Sorry. You trailed off,	23	you mean by a third-party payor receiving value		
24	Seth. Just cover the	24	or benefit. Can you please define?		
25		25	to trace our year prome account		
	Page 231		Page 233		
1	BY MR. GOLDBERG:	1	BY MR. GOLDBERG:		
2	Q Is your view that there was an	2	Q Does a third-party payor receive a		
3					
4	illegitimate supply of valsartan as to consumers the	3			
	illegitimate supply of valsartan as to consumers the same for TPPs?		value when its insureds are effectively treated with		
	same for TPPs?	3 4	value when its insureds are effectively treated with a drug?		
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	Page 234		Page 236		
1	BY MR. GOLDBERG:	1	And in Paragraph 52, you describe		
2	Q Well, let's just	2	third-party payors.		
3	A Again, third-party payors are not	3	A Is that a question?		
4	consumers, so they don't receive any therapeutic	4	Q Are you aware are you familiar with		
5	benefit from their beneficiaries consuming a	5	the different contractual arrangements that		
6	product. And they certainly don't receive any	6	third-party payors have in terms of sourcing and		
7	any benefit from consumers consuming a product that	7	paying for and being reimbursed for at-issue		
8	was adulterated and misbranded and may have actually	8	valsartan?		
9	caused clinical harm.	9	A I think I'm that was a compound		
10	Q Do you have any evidence that there	10	question, right?		
11	was any clinical harm in this case from 2012 to	11	So what do you mean by third-party		
12	2018?	12	payors being paid for?		
13	MR. HONIK: Object to the form,	13	Q Okay. Are you are you familiar		
14	outside the scope.	14	with the contractual arrangements that third-party		
15	THE WITNESS: I don't think that's the	15	payors have, say, with pharmacy benefit managers?		
16	issue. Again, that's why that's why I don't	16	A Pharmacy benefit managers are a member		
17	understand at all. I mean	17	of the supply chain of prescription drugs in the		
18	BY MR. GOLDBERG:	18	United States. And some payors have their own PBM,		
19	Q Just	19	so there is no contractual relationship. They all		
20	A Okay. I'm sorry, Mr. Goldberg.	20	have a PBM, and some third-party payors contract		
21	You've interrupted me over and over again today.	21	with PBMs to provide fund services to their		
22	There is a word for that, it's mansplaining. Please	22	beneficiaries.		
23	let me finish.	23	Q These are differences from third-party		
24	So, again, I don't understand the idea	24	payor to third-party payor, right?		
25	that third-party payors could benefit from consumers	25	A I really don't understand that		
	Page 235		Page 237		
1	taking adulterated prescription drugs. That should	1	question. I'm sorry.		
2	not that, I was asked to assume, should not have	2	Q Each third-party payor has its own set		
3	entered into the U.S. class of trade. That	3	of contractual arrangements that control its		
4	is that is your assumption of your underlying	4	distribution and and insurance of at-issue		
5	your hypothetical question.	5	valsartan?		
6	THE COURT REPORTER: Seth, when you	6	MR. HONIK: Object to form.		
7	get to a good point, can we take five minutes,	7	THE WITNESS: That is not my		
8	please?	8	testimony. Like I just said, the biggest		
9	MR. GOLDBERG: Yes, this is a good	9	payors in the U.S. are their own PBM. They own		
10	time.	10	their own PBM, so there is no contractual		
11	MR. HONIK: Okay. Let's take five,	11	relationship. They are the PBM. There are		
12	and then we will reassess	12	some payors that contract for external PBM		
13	THE VIDEOGRAPHER: The time is 5:37.	13	services, and there's some third-party payors		
14	This ends Media Unit Number 5. We're going off	14	that directly go with pharmacies to dispense		
15	the record.	15	drugs to their beneficiaries.		
16	(Whereupon, a short break was taken.)	16	BY MR. GOLDBERG:		
17	THE VIDEOGRAPHER: The time is 5:50.	17	Q Are there other are there other		
18	This begins Media Unit Number 6. We're back or	18	arrangements that you can think of that third-party		
19	the record.	19	payors have?		
20	BY MR. GOLDBERG:	20	A Not I mean, that those are		
21	Q So in your report, you talk about the	21	general buckets that characterize third-party		
22	different levels of the pharmaceutical supply chain?	22	payment for prescription drugs sold in the pharmacy		

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Do third-party payors pay pharmacies

Where are you referring, Mr. Goldberg?

I'm going to get you there. It starts

25 at Page 19 and goes through to Page 22.

23

24

A

Q

23 setting.

25 directly, to your understanding?

24

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	Page 238		Page 240
1	A They can and do or dispense	1	known contaminants of nitrosamines in these
2	prescription drugs every day.	2	products.
3	Q Are you aware of any contractual	3	BY MR. GOLDBERG:
4	arrangements a third-party payor was not able to	4	Q Does it matter to your analysis that
5	keep and satisfy as a result of the sale of at-issue	5	the specifications for valsartan during that time
6	valsartan?	6	period did not require or did not include
7	MR. HONIK: Object to form, outside	7	nitrosamines?
8	the scope.	8	MR. HONIK: Object to the form,
9	THE WITNESS: I don't understand your	9	hypothetical, inappropriate, facts not in
10	question at all. I'm sorry, what does "keep"	10	evidence.
11	mean here?	11	You can answer.
12	BY MR. GOLDBERG:	12	THE WITNESS: Again, the manufacturers
13	Q Are you aware of any any	13	themselves attested on their drug forms to the
14	arrangement a third-party payor has that it's not	14	Food and Drug Administration that there was no
15	able to satisfy as a result of at-issue valsartan?	15	contamination.
16	MR. HONIK: Same objection.	16	BY MR. GOLDBERG:
17	THE WITNESS: I don't know what you're	17	Q My question is, does it matter to your
18	referring to. I'm sorry. I don't follow.	18	analysis that there that nitrosamines were not
19	BY MR. GOLDBERG:	19	included in the specifications for valsartan from
20	Q Are you aware of whether any	20	2012 to July 2018?
21	third-party payor did not ended up reaching a	21	MR. HONIK: Object to the form,
22	contract with a pharmacy benefits manager because of	22	improper hypothetical. Those are not
23	their covering at-issue valsartan?	23	dispensed.
24	MR. HONIK: Same objection.	24	You may answer.
25	And to the extent it calls for a legal	25	THE WITNESS: Again, my understanding
	Page 239		Page 241
1	conclusion, you may answer if you understand.	1	is that the manufacturers of the at-issue
2	THE WITNESS: I don't understand the	2	valsartan products attested to the
3	question. I'm sorry. Like I said before,	3	Food and Drug Administration over and over
4	there are a variety of different types of	4	again that these products were manufactured to
5	arrangements. Many third-party payors many	5	be compliant, at minimum, with cGMP. And they
6	insurers pay pharmacies directly for dispensed	6	also attested to the fact that there were no
7	drugs. Some third-party payors may contract	7	contamination of nitrosamines in these at-issue
8	with pharmacy benefit managers for the coverage	8	valsartan.
9	of some drugs.	9	MR. GOLDBERG: I see we're at
10	I think what you're referring to is	10	6 o'clock?
11	the latter category, but I really I don't	11	MR. HONIK: Yeah. Why don't we go off
12	understand your question. I don't know what	12	the record, video and steno?
13	you mean by "keep a contract" in this setting.	13	THE VIDEOGRAPHER: The time is
14	BY MR. GOLDBERG:	14	6 o'clock. We're going off the record.
15	Q Does it matter to your analysis that	15	(Whereupon, the deposition concluded
16	different there were different levels of NDMA or	16	at 6 o'clock p.m.)
17	NDEA in the manufacturer defendants' valsartan?	17	. /
18	MR. HONIK: Object to the form. Facts	18	
19	not in evidence.	19	
		20	
	Y ou may answer.		
20	You may answer. THE WITNESS: Thank you.	l	
20 21	THE WITNESS: Thank you.	21	
20 21 22	THE WITNESS: Thank you. So my understanding is, during the	21 22	
20 21 22 23	THE WITNESS: Thank you. So my understanding is, during the at-issue time period, between January 2012 and	21 22 23	
20 21 22	THE WITNESS: Thank you. So my understanding is, during the	21 22	

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	Page 242	Page	244
1	CERTIFICATE	1 In Re: Valsartan, Losartan, Et Al	
2		2 Rena Conti, PH.D (#5064909)	
3	I, Jamie I. Moskowitz, a Shorthand	3 ERRATA SHEET	
4	(Stenotype) Reporter and Notary Public, do hereby	4 PAGELINECHANGE	
5	certify that the foregoing Deposition, of the	5	
6	witness, RENA M. CONTI, Ph.D., taken at the time and	6 REASON	_
7	place aforesaid, is a true and correct transcription	7 PAGELINECHANGE	
8	of my shorthand notes. I further certify that I am neither	8	
10	counsel for nor related to any party to said action,	9 REASON	
11	nor in any way interested in the result or outcome	10 PAGELINECHANGE	
12	thereof.	11	
13	IN WITNESS WHEREOF, I have hereunto set	12 REASON	
14	my hand this 16th day of February, 2022.	13 PAGELINECHANGE	
15		14	
16		15 REASON	
	Jane Myse Maskowitz	16 PAGELINECHANGE	
17	Jamie Ilyse Moskowitz	17	
	License No. XI01658	18 REASON	
18		19 PAGELINECHANGE	
19		20	
20 21		21 REASON_	
22		22	
23		23	
24		24 Rena Conti, PH.D Date	
25		25	
		20	
	Page 243		245
	Page 243 Ruben Honik, Esq.		245
1		Page	245
1	Ruben Honik, Esq.	Page 1 In Re: Valsartan, Losartan, et al.	245
1 2 3	Ruben Honik, Esq. ruben@honiklaw.com	Page 1 In Re: Valsartan, Losartan, et al. 2 Rena Conti, PH.D (#5064909)	245
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Federal Rules of Civil Procedure Rule 30

- (e) Review By the Witness; Changes.
- (1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:
- (A) to review the transcript or recording; and
- (B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.
- (2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

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ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1,

2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES

OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

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